

Kingston Teen Naturalists

Registration Information 2024-2025

Please fill out the registration form and mail it (or drop it off) with your payment by **September 7, 2024**. Registration forms are available on the Kingston Teen Naturalists page on the KFN website or by contacting **Anne Robertson** (613-389-6742 or n8ture.anne@sympatico.ca).

Teen meetings usually take the form of an all-day field trip and usually take place mid-month on a Friday evening or a Saturday from September to June.

The first meeting this year will be a canoe trip on Saturday, September 14, 2024. Please contact Anne Robertson by September 10 for final details and to ensure transportation.

You can get details on future meetings by contacting Anne or looking in the KFN newsletter.

*** First Meeting - Saturday, September 14, 2024 ***

Please fill out, sign, and mail the registration form and a cheque for the \$20.00 registration fee made out to *Kingston Field Naturalists* to: **Anne Robertson**, 12 Lakeshore Boulevard, Kingston ON K7M 4J6. Alternatively, you can drop off the registration form in person and pay with a cheque or cash.

Additional information and forms are available by contacting Anne Robertson or on the KFN website.

Deadline to register: September 7, 2024.

Keep this page for your reference.

Kingston Teen Naturalists

Registration Form 2024-2025

Except for the signature and date, this form's fields may be filled out on your screen then saved to your computer and/or printed directly from your browser.

Name of Teen:				
Address Line 1:			4	
Address Line 2:			KTN	
City/Prov/Post Code:				'W'
Parent 1's Name:		Parent 1's Phone:		
Parent 2's Name:		Parent 2's Phone:		
Date of Birth (Junior):				
Health Card (Optional):				
Email (Parents):				
	Cons	ent		
am the parent and/or lega	al guardian of and give my permissic	on for		
= -	een Naturalist activities. I will not h	_	-	ble for injury to
he child (named above) o	r for damage or loss of their possess	sions resulting from th	iis participation.	
in the event of an emerger	ncy I authorize the administration o	f any medical procedu	ires deemed necessary	by a physician.
Allergies, medications, or	other information that should be di	iscussed:		
Parent Signature:		D	ate:	

Please fill out, sign, and mail/drop off this form with the \$20.00 registration fee (please see the information sheet (page 1) for payment options) to: Anne Robertson, 12 Lakeshore Boulevard, Kingston ON K7M 4J6. Deadline: September 7, 2024.