



2011 Youth Learn-to-Run Program

Registration Form

Registrant's
Last Name: _____ First Name: _____ Initial: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Age/Grade: _____ Home Phone: _____

E-mail: _____

Parent(s)/Guardian(s) Name(s): _____

Home Phone: _____ Business/Cell Phone: _____

E-mail: _____

Parental/Guardian Consent:

- I hereby authorize my child/ward to participate in the Northwest London Resource Centre's Youth Learn-to-Run afterschool program on Mondays and Wednesdays starting March 21— to May 25, 2011 (The program will not run on Holiday Mondays).
- I am aware that the running segment of the program will take place outdoors.
- I also agree that part of the enrollment is the agreement to respect the NWLRC Code of Conduct. ***This Code is in place for the safety and well being of all program participants. The NWLRC maintains a "Zero Tolerance" of any verbal, psychological and physical abuse. It is our desire to ensure a nurturing, safe and positive environment for all participants and staff.***
- I understand that the NWLRC is not liable for any injury or illness which results from participation in the Youth Learn-to-Run program.
- I understand the cost of the program is \$25.00.
- Proper running shoes will be provided by parent/guardian.
- No child with a known communicable disease may participate in these activities.

Note re: Elements of Risk: The risk of injury exists in every physical fitness activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in this activity.

Youth's Health Card Number: _____

- I hereby grant photo release permission.
 I do not grant photo release permission.

Signature of Parent/Guardian (or registrant 18 & over): _____

Date: _____

**Northwest London Resource Centre
Youth Learn-to-Run 2011 Program**

Name of Registrant: _____

Emergency Contacts

Please provide two emergency contact names (other than signing parent/guardian):

Name: _____

Address: _____ **Home Phone #:** _____

Cell phone: _____

Name: _____

Address: _____ **Home Phone #:** _____

Cell phone: _____

Allergies/Health Conditions of registrant:

Learn-to-Run Registrant:

I agree to comply with the Northwest London Resource Centre's (NWLRC) Code of Conduct which is in place for the safety and well being of all program participants. I agree to be respectful of all program participants and of the NWLRC's staff and volunteers.

Signature of Registrant

Date

The fee for the program is \$25.00

Please make your cheque payable to:
Northwest London Resource Centre
Thank you.