

H e r e a m i

Fredericton NB

May 15-17

Registration Information:

Name: _____

Sex: M / F Age: _____ Grade (currently in): _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Home Church: _____

Youth Leader: _____

Amount enclosed: \$ _____ Cost per student: \$110.00

Emergency Medical Information:

Provincial Health Card #: _____

List any serious medical concerns: _____

I hereby approve and confirm that _____

(Print name of student)

will attend and participate in the spring conference, and release the management, staff, or any persons associated with the conference from any claim or action for any injury or injuries that may occur while said student is attending the conference.

Date

Signature of Parent or Guardian