

*Please note current PHO guidelines are being followed for all events & please be prepared to show your Vaccine Card & BC ID card. Thank you.



Course/ Workshop: _____

Course/ Workshop Date & Time: _____

Name: _____

Phone #: _____

Mailing Address: _____

Email Address: _____

EMERGENCY Contact Name: _____

Ph#: _____

Relationship: _____

EMERGENCY Contact Name: _____

Ph #: _____

Relationship : _____

BC CARE CARD NUMBER: _____

I hereby consent for the participant above, when will or injured, to be taken to the nearest Emergency Center if I cannot be contact. Signature: _____

I give my permission for the use of photographs, films, or video of myself to be taken during the program to be used in brochures, displays, Facebook and our webpage with NO NAMES used. Signature: _____

CANCELLATION POLICY: A notice of cancellation must be received at least 3 days prior to program start date in order to qualify for refund or credit. GECSS reserves the right to cancel a program or issue a full refund if registration fulfillment is not met.

Signature: _____

WAIVER: All course participants and their parents or guardians hereby acknowledge that this event/program and related activities involve the possibility of injury and accordingly agree that, as a condition of their participation in such programs, for themselves, their heirs, executors, administrators and representatives that the Greendale Elementary Community School Society and its directors shall be released from any and all claims, present or future, howsoever arising, resulting from any loss, damage, injury, expense or cost that the participant may suffer as a result of participation in the Greendale Elementary Community School Society's programs. The participant and their parents have read and understand this release and that substantial legal rights are being waived.

Signature: _____

Date: _____

