



Participant's Registration Form

Yes, I would like to register in The Duke of Edinburgh's International Award!

FULL NAME (FIRST, MIDDLE, LAST)

ADDRESS (#, STREET NAME, APT #)

CITY PROVINCE POSTAL CODE

PHONE (AREA CODE-###-####)

EMAIL

I AM MALE FEMALE OTHER

AGE

DATE OF BIRTH MM/DD/YYYY

I AM REGISTERING FOR BRONZE SILVER GOLD

09/01/2018

AWARD START DATE (TODAY'S or FUTURE DATE) MM/DD/YYYY

IF YOU ARE REGISTERING AS PART OF A GROUP:

Southridge School

NAME OF GROUP

Mr. Koibnisk

GROUP LEADER

OR

IF YOU ARE REGISTERING AS AN INDEPENDENT:

N/A

NAME OF SCHOOL/COLLEGE (IF APPLICABLE)

PLEASE SEND YOUR COMPLETED FORM with SIGNED WAIVER ON RIGHT HAND SIDE AND CHEQUE/MONEY ORDER FOR \$50 PAYABLE TO:

The Duke of Edinburgh's International Award
British Columbia & Yukon Division
4086 Shelbourne Street
Victoria, BC V8N 4P6

ADMIN ONLY

WAIVER AND AGREEMENT

- I will select the activities I will perform in order to achieve an Award.
- I will not attempt to perform any activity until I have made certain that I can perform it safely.
- I acknowledge that no one is authorized by The Award to advise as to the safety of any activity or as to whether I am capable of performing it safely, or to supervise or exercise any control or authority over me or any other participant. As a participant I assume full responsibility for all such matters.
- I hereby release and hold harmless each of the individuals and legal entities involved in The Award from any and all liability of any kind for an injury I might suffer while performing any activity in connection with The Award.
- This Agreement shall remain in effect as long as I am participating in The Award.

PARTICIPANT'S NAME DATE MM/DD/YYYY

SIGNATURE OF PARTICIPANT

IMPORTANT — MEDIA & CONTACT CONSENT

I agree that my name and other information and/or photographs regarding me and my participation in The Award may be used by The Award in any future publication for the promotion of Program,

INITIAL OF PARTICIPANT

I give permission for The Award to contact me via email for assistance, support and notifications of opportunities, events, and ceremonies. I understand that if I do not initial, I will not receive critical updates and ceremony invites.

INITIAL OF PARTICIPANT

PARENT/GUARDIAN ACKNOWLEDGEMENT

(Required for participants under the age of 18)

We are the parent or legal guardian of The Duke of Edinburgh's International Award participant listed above. We have read the foregoing Waiver and Agreement, and we agree on behalf of ourselves and the participant to the terms thereof. We will assure ourselves that the participant is aware of and understands the terms thereof. We will assure ourselves that the participant is aware of the risks involved in each activity and we take full responsibility in lieu of The Award for each activity. We also give permission to contact us via email if required.

SIGNATURE PARENT/GUARDIAN DATE MM/DD/YYYY

PARENT/GUARDIAN NAME

PARENT/GUARDIAN TELEPHONE

PARENT/GUARDIAN EMAIL

If you would like Southridge School to charge your child's account **\$50** instead of sending in a personal cheque, please check the following box.