



**WILD BY NATURE ADVENTURES
WORKSHOP REGISTRATION FORM**

-Please print or type-

Workshop Titles: _____

Workshop Dates: _____

(Please use the back of this form if registering for more than one workshop, or for more than one person)

Waiting List -- Y / N (In order to keep the quality of programming superior and safe, programs have a maximum capacity of registrants)

Name: _____ **Gender:** M / F

Address: _____

City: _____ **Province:** _____

Postal Code: _____

Phone#: _____ (h) _____ (w)
_____ (fax)

Email Address: _____

Age: _____ **JFW Member:** Y / N **DeGraff's Camp Resident:** Y / N

Alberta Health Care Number: _____

State of Health (allergies, dietary needs, etc.):

Applicant should be aware that during programs or courses, certain risks and dangers may occur including, but not limited to the hazards of travelling in forest and prairie terrain, accident or illness in remote places, the forces of nature and travel by canoe or kayak. I agree and accept these conditions and I hereby give the Wild By Nature Program Coordinator or designate permission to use his/her judgement in obtaining the best medical services and care available for my child. I understand that in the event of serious illness or accident, I will be notified.

I have read the Wild By Nature Adventures Wavier and fully understand and will abide by the rules, regulations and policies. (This form will be considered invalid if the required signature is missing.)

Participant (or if under 18, Parent/Guardian) Signature Printed Name dd | mm | yy

Complete / Return To: Wild By Nature Adventures, Box 2340, Athabasca, Alberta T9S 2B8

Please Make Cheques Payable To: Wild By Nature Adventures

***Note:** Wild By Nature reserves the right to cancel workshops due to inclement weather conditions or insufficient registration. Participant cancellations require one week notice for a full refund.