

Wynchemna
Calgary, Alberta
Youth Registration Form (15 - 23 years old)

Name of Student: _____

Date of Birth [D/M/Y]: _____ **Sex:** _____ **Type of school:** _____

Name / Address of Parents: _____

Employment: _____ **Company:** _____

Private Tel. # (with area code) _____ **Fax #** (with area code) _____

Emergency Tel. # _____ **Email:** _____

My child wants to enroll in the following language instruction course:

- ☐ **English instruction — S/he has learned English for** _____ **years; OR**
☐ **English / French instruction — S/he has learned English for** _____ **years and**
French for _____ **years**

My child wants to register for the following course:

- | | |
|--|---|
| ☐ June 28 to July 25, 2027 (4 weeks) | ☐ July 5 to July 25, 2027 (3 weeks) |
| ☐ July 13 to August 9, 2027 (4 weeks) | ☐ July 20 to August 9, 2027 (3 weeks) |
| ☐ July 28 to August 24, 2027 (4 weeks) | ☐ August 4 to August 24, 2027 (3 weeks) |

My child is a: ☐ **non-swimmer** ☐ **beginner swimmer** ☐ **strong swimmer**

Special Needs (for example: vegetarian or special diet, medicine, allergies, recent illness or operation)

Wynchemna reserves the right to cancel or modify any programme or programmes listed in the brochure because of an insufficient number of participants or for any other reason beyond its control. In such a case, written notification of cancellation will be sent out and the fees will be refunded. — Wynchemna reserves the right to withdraw participants whose behavior is likely to affect the smooth operation of the programme or adversely affect the enjoyment or safety of other participants. Wynchemna will be under no liability to such persons. If a child has to be sent home on disciplinary grounds, the parents will be required to pay for any costs incurred.

Parent consent:

Experience has shown that in connection with recreational activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the official in charge to make arrangements for surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised. — Some of the activities listed in the brochure (for example, horseback riding) require an adult to sign liability waiver-forms. By signing this registration form, I give permission to the Wynchemna Instructor to sign a waiver-form for my child. — I understand and permit that my child may have his or her photograph taken, and that these photographs may be used for advertising or other purposes by Wynchemna (for example, in brochures or on its website).

Date: _____ **Signature of parent or guardian:** _____

Please fax or email this registration form to the following address:

2508-34th Ave. N.W. Calgary, Alberta, Canada T2L – 0V5
Tel. and Fax: 403-282-1698 email: wynchemna@gmail.com www.wynchemna.com