



**NYI Canada Atlantic Presents:
February Ski Rally 2009
February 19-21, 2010
Fredericton, NB**

Registration/Medical Release/Liability Waiver

Name _____ Age _____ Birthday ____ / ____ / ____

Name of your church _____

Year in School _____ Sex _____ Email _____

Address _____

Phone _____ Cell _____

Mom's name _____ Phone: Home _____ Work _____

Dad's name _____ Phone: Home _____ Work _____

Primary parental email _____

Emergency Contact _____ Phone: Home _____ Work _____

Physician _____ Phone: _____

Health Card Number _____ Province of Issue _____

Does this person require skiing or snowboarding lessons? Yes _____ No _____

Height _____ Weight _____ Boot Size _____ Ski or Snowboard? _____

Rooming Information

Although we can't promise you'll stay with the person/people you want to, please list your top 5 choices of roommates and we will do our best.

1. _____
2. _____
3. _____
4. _____
5. _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Please include names of medications, dosages, and times, that must be taken.

Check the following areas of concern for this student: (if necessary, add another page with details)

1. Does your student have allergies to:

pollens medications food insect bites other

2. Does your student suffer from, or has ever experienced, or is currently being treated for any of the following:

asthma epilepsy/seizures heart trouble diabetes
 frequently upset stomach physical handicap other

3. Date of last tetanus shot: / /

4. Does your student wear: glasses contact lenses hearing aids other:

5. Please list & explain any major illnesses the student has experienced in the last year:

7. Should this student's activities be limited in any way? If yes, please

explain:

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs or tobacco
- No students may drive to, from or during the event
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with group is expected
- Respect your own/others'/facilities/billets property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedule

NOTE: Students who fail to comply with these expectations will be sent home at their parent's expense.

This consent form gives permission to seek whatever medical attention is deemed necessary, and we, the registrant, parent/guardian, our heirs, executors, administrations and assigns, release the Canada Atlantic District of the Church of the Nazarene and its respective servants, agents or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at, traveling to or from, or participating in the NYI 2010 February Rally notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of the Canada Atlantic District of the Church of the Nazarene and its respective servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse which I may now or hereafter have resulting from any decision of the Canada Atlantic District of the Church of the Nazarene and its respective servants, agents or employees.

We, the student and parent/guardian, have read the waiver, rules of conduct and the above evaluation of the students health and give _____ permission to participate in this event. The student agrees to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: ____ / ____ / ____

Parent/Guardian signature: _____ Date: ____ / ____ / ____