

Queen's Instructional Program Registration Form

Please use a separate form for each participant and each program. Please print clearly!

Name of Program: _____

Start Date: _____ End Date: _____ Time: _____

Price: _____ Cheque: _____

Mastercard # _____ Expiry Date: _____

VISA # _____ Expiry Date: _____

AMEX # _____ Expiry Date: _____

Name of Participant: _____ Gender: M F

Age: _____ Required for Red Cross Swim Kids and Fencing programs.

Address: _____

No. Street Apt.# City Province Postal Code

Home telephone number: _____

Student/Staff Number: _____ Email address: _____

Assumption of Risk

I, the undersigned, am of full age and wish to participate in the above program in Queen's University Instructional Program. I acknowledge that this program involves light to vigorous exercise, that I am responsible to ascertain whether I am physically fit or otherwise to participate in this program, and that consultation with my family physician, prior to participation, is recommended by Queen's University. In consideration of Queen's University permitting me to participate in this program, I hereby agree to assume all risks involved in this program and do hereby waive and release any and all rights against Queen's University, its employees and agents, as a result of my participation in this program.

Participant's Signature: _____

Parent/Guardian Consent

I, the undersigned, the parent/guardian of the above named child, do hereby consent to this child's participation in the above mentioned program. I acknowledge that participation in this program involves the possibility of injury. I am aware of no physical, or other reasons, why this child should not participate in this program. I hereby agree to waive and release any and all rights against Queen's University, its employees and agents, for any and all causes of action that may arise other than by the negligence of Queen's University, its employees and agents, as a result of participation in this program.

Parent/Guardian Signature: _____

Protection of Personal Information

The personal information we collect from you on this form is used for the following purposes: confirmation of eligibility, waiver of stated rights and registration purposes only. The information is held for one year after of the date on the registration from, and protected from misuse by appropriate security measures. By signing this form you are consenting to your information being used for the above stated purposes.

Send To:

Instructional Programs, Physical Education Centre, Queen's University, Kingston, ON, K7L 3N6

Fax: 613-533-6478