



# REGISTRATION FORM

|                             |       |
|-----------------------------|-------|
| <b><u>ABLE USE ONLY</u></b> |       |
| Student Number:             | _____ |
| OEN:                        | _____ |
| Entered ONSYS:              | _____ |

Please ensure you read and complete all portions of this registration form.

## Student Information:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_  
*Month Day Year*

Current Home School: \_\_\_\_\_

District/ Province: \_\_\_\_\_

## Emergency Contact Information:

### Primary

Name: \_\_\_\_\_

Home Tel. #: (\_\_\_\_) \_\_\_\_\_

Bus. #: (\_\_\_\_) \_\_\_\_\_

Cell. #: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Secondary:

Name: \_\_\_\_\_

Home Tel. #: (\_\_\_\_) \_\_\_\_\_

Bus. #: (\_\_\_\_) \_\_\_\_\_

Cell. #: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Course Registration:

|  |  |
|--|--|
| <input type="checkbox"/> Healthy & Active Living | <input type="checkbox"/> Dynamics of Human Relationships |
| <input type="checkbox"/> Equine Studies          | <input type="checkbox"/> Recreation Leadership           |

## Location of Pre-Field work:

|   |  |
|---|--|
| <input type="checkbox"/> Alliston Main site | <input type="checkbox"/> Bolton satellite site |
|---|--|

## Ranch Location

|  |   |
|--|---|
| <input type="checkbox"/> Story Book Meadows, Loretto | <input type="checkbox"/> Kuruka Equestrian, Brentwood |
| <input type="checkbox"/> Caledon Equestrian, Caledon | <input type="checkbox"/> _____                        |

## Student Health Details:

Health Insurance Number: \_\_\_\_\_

**Note: The health card *MUST* accompany the student every day when out in the field.**

Doctor's name: \_\_\_\_\_ Location: \_\_\_\_\_

Wilderness trips can be strenuous. We do not want you to engage in activities that would be detrimental to your health or which would be opposed by your doctor because of recent illness, injury or surgery. If you have any questions regarding your participation in any activity with the trip, please discuss it with your physician. Also, please arrange with your doctor to bring along with you on the trip ample supply of medication required for medical or allergic reactions. We ask for the following information so we can be aware of potential problems and will be better able to help you to safely enjoy the activities.

Please check if the box if you, the student, **has or has had** any of the following and detail below:

- Asthma
- Epilepsy
- Diabetes
- Allergies (food, drug, other) If so, which \_\_\_\_\_
- Back problems
- Chronic or historic dislocations If so, what types? \_\_\_\_\_
- Heart disease
- High blood pressure

### More Medical:

- Yes  No  Are you pregnant?
- Yes  No  Do you smoke?
- Yes  No  Do you carry an EpiPen? If so, for what? \_\_\_\_\_
- Yes  No  Do you have any other conditions which might affect your health or well-being of others?

Details: \_\_\_\_\_

Yes  No  Are you currently on any medication? If YES, name of medication(s) \_\_\_\_\_  
 Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_

Any dietary or physical restrictions while with us?

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**CONSENT AND LIABILITY WAIVER** (Student signs if over 18 years of age):

I hereby give consent for \_\_\_\_\_ to participate in the Discovery Outdoor Programme through Above & Beyond Learning Experience for the completion of the selected credit. I acknowledge that full attendance for **all the days of the outdoor equine portion as well as classroom and placement work** must be attended to achieve the full credit. There are no optional make-up sessions as this is a specialized programme.

I further release and agree to indemnify and hold harmless Above & Beyond Learning Experience, the partner ranch and its officers, servants or assigns from any liability concerning my involvement in the programs and further agree that the use of all facilities is made at the risk of the registrant.

Program Administration reserves the right to dismiss any student who, in their opinion, is a hazard to the safety or rights of others in the program. Once released from the program, the student is responsible at this point in obtaining transportation home and neither Above & Beyond nor the partner ranch are liable in any way.

\_\_\_\_\_  
*Student / Parent Signature*

\_\_\_\_\_  
*Date*

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**Photography Waiver**

Photographs of people on this trip will be taken for promotional purposes and sharing with your team participants at the end of the trip and on the trip web page. Promotional uses include posting a copy of photographs on both *Above & Beyond Learning Experience's* and partner ranch's website, and on any promotional marketing material, including but not limited to flyers and brochures.

Select your choice from the options below and sign.

**I allow** photographs to be taken of me for **promotional purposes and sharing**.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**I allow** photographs to be taken of me for **sharing only**.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I will **not allow any** photographs to be taken of me.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**The following must be included with this Application:**

- Photocopy of student's birth certificate
- Photocopy of student's birth health card
- Student's transcript or paperwork with OEN validation

## Payment Records

Students 's Name: \_\_\_\_\_ OEN \_\_\_\_\_

### Sessions:

Course \_\_\_\_\_

Course \_\_\_\_\_

### Cost per youth

\$1385.00

\$1385.00

Registration Deposit (\$692.50 per course) \_\_\_\_\_

Balance Owing \_\_\_\_\_

**Balance owing MUST be submitted by prior to start date of course as listed**