

Please PRINT

oo ----- Registration Form ----- oo

Date: 200__

Participant's name:		Tel. (home)		Grade	
		Tel. (other)		Day School	
Home Address:			Postal Code:	Age	
				When Reg.	
Business Address		Business telephone:		Admit to Level	
Term	Fall / Winter / Spring			Date: admitted	

RELEASE and WAIVER: In consideration of the Able Enrichment Centre accepting this application, I, _____ (parent/guardian) of _____ (student's name) for his/her/their heirs, executors, administrators and assigns, release the Able Enrichment Centre its respective volunteers, servants, agents or employees from any claims, demands, damages, actions or causes arising out of or in consequence of any loss, injury or damage to his/her/their persons or property incurred while attending or participating at the Able Enrichment Centre, except to the extent that such loss, injury or damage may have arisen by reason of the gross negligence of the Able Enrichment Centre, its volunteers, servants, agents or employees, without limiting the generality of the foregoing, I, _____ further release any resources which I _____ may now or hereafter have resulting from any decision of the Able Enrichment Centre.

Signed:

Parent / Guardian of StudentNotes: _____
_____**Note: Please DO NOT write on shaded areas where for the Centre use only.**

Courses	Math.	Other	Total Amount	Participant's name	
			V		
Material & Misc. costs				Remarks	
Treasurer			Teacher	Principal	

Present this slip to your class teacher

Courses	Math.	Other	Total Amount	Participant's name	
			V		
Material & Misc. costs				Remarks	
Treasurer			Teacher	Principal	