

NAME OF WORKSHOP La Ronde Theme Park

DATE: Friday August 22nd 2008

TIME: 9:00 to 9:00

LOCATION:

MIN #: 10 Participants

Max #: 20 Participants

COST: \$25 dollars per participant

AGE: Teens only

I, _____ here by give _____ permission to participate in the La Ronde Theme Park field trip. I here by release and hold harmless The MFRC, The Teen Centre, its agents, representatives and employees from any liability which may arise in connection with participation in the event. I have read, understand and agree to its important release and the group responsibilities.

Participants will meet the MFRC youth staff in the teen center at 9:00 and will leave the MFRC at 9:30 am; participants and staff will be back on base at 9:00p.m. Please ensure that you return this for by no later than **Friday August 20th 2008** as we must let La Ronde Theme Park, know the number of participants that will be attending.

Name of participant _____ Date _____

Legal Guardian/Parent _____ Date _____

Address _____

Phone # (H) _____ Phone # (W) _____

Health Card Number _____

Emergency Contact Name _____ Phone _____

Allergies/Comments

Parent/Legal Guardian Signature _____ Date _____

As a participant in this activity, I hereby agree to abide by the MFRC Youth Centre code of conduct, the rules and regulations of the organization/business/activity that we will be attending/participating in at all times.

Participants Signature _____ Date _____