

NAME OF WORKSHOP: Camp Fortune Aerial Experience

DATE: Friday August 8<sup>th</sup> 8

TIME: 9:00 to 4:00

LOCATION:

MIN #: 10 Participants

Max #: 20 Participants

COST: \$125ollars per participant

AGE: Teens only

I, \_\_\_\_\_ here by give \_\_\_\_\_ permission to participate in the **Camp Fortune Aerial Experience** 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 4:00p.m. Please ensure that you return this for By no later than **Wednesday August 6<sup>th</sup>** we must let Camp Fortune, 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