



Island Investigators (Age 12-16)

REGISTRATION FORM

(Please Print)

Name: _____

Date of Birth: _____
Last First Middle Age: _____

Street Address: _____

Mailing Address: _____

Guardian (Name): _____ Relationship _____

Phone: (H) _____ (W) _____ (Fax) _____

Email: _____

Allergies _____

Learning Disabilities: _____

Can your child swim? YES / NO

Emergency Contact

(person other than Guardian)

Name: _____

Telephone No: _____

PAYMENT RECORD

ITEM	COST Per Semester (10weeks)
Club Registration	BSD50

Make cheques payable to: Friends of the Environment

Card # Exp date

Signature