

Monticle Leadership Association Program Application Form



PART A: Participant Information

First Name		Last Name			Program Name:		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of Birth Year	Month	Day	Facebook Profile	Email Address	
Home Phone #			Work Phone #			Cell Phone #	
Home Address							
Guardian First / Last Name (if under 18)			Guardian Phone #		Guardian Email Address		

The following sections are to be filled out by the participant. If the participant is under the age of 18, her/his parent/guardian must complete the form on their behalf.

PART B: Medical and Health Information

Insurance Company / Medical Policy #	
Do you have any medical concerns or any other health conditions we should know about? If yes please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any allergies? If so please indicate any allergies that may require emergency medical assistance when triggered.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any dietary restrictions? Please specify (i.e. Vegetarian, Vegan, Halal, Kosher etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART C: Emergency Contact

Please list at least one person who could be contacted in the event of an emergency:

Full Name	Relation	Phone #	Mobile #	Email Address
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PART D: Release Agreement

I am/my child is participating in this Monticle program. I understand that I/my child or ward's participation in this camp/program can expose me /my child to dangers both from known and unanticipated risks. In consideration of my/my child's participation in the program, I hereby release, waive, and discharge The Monticle Leadership Association, and all of their instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child or ward, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to me/my child or to any person or property arising out of participation in the program. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of Monticle, or any of the individuals listed above.

I am aware that I/my child may be using Monticle's equipment and accessories during the course of the program. I am aware that I am responsible to pay for any damages on the equipment caused by any negligence or misuse.

I am aware that I/my child may be removed from this Monticle program at any time for inappropriate behaviour that disrupts or decreases the learning situation, environment or interaction of other participants and that I /my child is responsible for arranging the transportation.

In case of emergency, I hereby request and authorize any physician, hospital, and health care provider to provide medical treatment promptly to I/my child or ward whether or not I may be contacted and informed. I also authorize the use of emergency transportation for me/my child or ward in the event of a medical emergency. In the event that I/my child or ward requires medical care, I understand that I,/the guardian, am responsible for any and all bills associated with my/my child or ward's treatment including any emergency transportation costs. I also give permission to the Monticle staff to provide first aid treatment to me/my child or ward.

I attest that I am/my child is in sound physical condition and acknowledge that I/my child may be videotaped, audio-taped and photographed during any training sessions or related events and I give my permission to Monticle Leadership Association to use my/my child's images for any and all uses without my consent.

Participant / Guardian Signature	Date Year Month Day
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PART E: Survey

How did you learn of Monticle? Please specify where applicable:

- Brochure Website Friends or Co-Workers Newspaper / Magazine Other (Please Specify) _____

How To Submit Application Form

Submit by scanning and emailing your complete application package to info@monticle.ca
 Monticle will email and/or call you to authenticate the application within 5 business days and confirm your registration or arrange payment for the chosen program.

Please visit our website: www.monticle.ca
For more information please email: info@monticle.ca

Office Use Only

Initial: _____
 Date: _____

- Cheque
 Cash
 Transaction slip (direct deposit)

Amount: _____