



Monticle is a non-profit leadership training organization inspiring future leaders through education and adventure.

		Nationality		<input type="checkbox"/> Canadian	<input type="checkbox"/> Other <small>(Please Specify)</small>
PART A: Participant Information			Program Name:		
First Name			Program Code:		
Last Name		Gender	<input type="checkbox"/> Male	Date of Birth	Age
			<input type="checkbox"/> Female	Year	Month
				Day	
Home Phone #	Work Phone #		Cell Phone #		
Email	Address		City	Province	Postal Code
Guardian Name (if under 18)		Guardian Phone #		Guardian Email	

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies? If so please indicate any allergies that may require emergency medical assistance when triggered.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any dietary restrictions? Please specify (i.e. Vegetarian, Vegan, Halal, Kosher etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C: Emergency Contacts	
Please list at least one person who could be contacted in the event of an emergency:	
Name (1)	Relation
Primary Phone #	Secondary Phone #
Name (2)	Relation
Primary Phone #	Secondary Phone #

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 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.

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.

Participant / Guardian Signature

Date

Year

Month

Day

PART E: Survey

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

Brochure

Website

Friends or Co-Workers (please name)

Newspaper / Magazine

Other

Would you like us to send you email notifications of future Monticle programs and events?

Yes

No

If yes, provide your email address here

How To Submit Application Form

You can submit your application form in the following ways:

- Email the completed form to info@monticle.ca OR
- Fax the form in at 416-362-0949 OR
- Mail or drop off at our downtown office:
145 Berkeley Street, Suite 300, Toronto, Ontario, M5A 2X1

Additional Information

- Monticle will email you and / or call you to authenticate the application within 5 business days and confirm your registration or arrange payment for the chosen program.
- Please note spaces are limited and are on a first come, first served basis. Where applicable, full payment must be received in order to confirm your participation in the program.
- Please see program details for cancellation and refund policies.
- Please check our website regularly for any program updates.
- Please CHECK YOUR EMAIL 24 hours prior to event for cancellations due to extreme weather.

Please visit our website: www.monticle.ca

For more information please email: info@monticle.ca

Office Use Only

Initial: _____
Date: _____
<input type="checkbox"/> Cheque
<input type="checkbox"/> Cash
<input type="checkbox"/> Transaction slip (direct deposit)
Amount: _____