

GEORGIAN BAY GET OUTDOORS CLUB

		OFAH membership include ALL family members	
names and DOB on back Check us out on Facebook			
Safety and Regis	tration Form (Thi	is information will be kept strictly confidential)	
Name of Participant:		Date of Birth:	
OFAH membership # :	H membership # : Expiry:		
Address:			
City:	_ Postal Code:	Telephone:	
E-mail:			
Club communication is done	via e-mail. Please provide	multiple e-mail addresses if desired	
Ontario Health Card Number	(include version code):		
Please list all medical concerns/conditions for the participant including all allergies:			
Names of Parents/Guardians			
City:	Postal Code:	Telephone:	
If parent/guardian is not avail	able, in case of illness or ir	njury, please contact:	
Emergency Contact Name: _		Phone:	
Hunters, from liability for any injury to	o the above-named participant, at	Club mentors, volunteers and the Ontario Federation of Anglers and t any time, while attending a Georgian Bay Get Outdoors Program activity. AT OUR EVENTS IS NUMBER ONE PRIORITY	
I do voluntarily authorize Georgian Bay Get Outdoors Program representatives to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the above-named participant as deemed necessary in medical judgment. I agree to indemnify and hold harmless said representatives for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above-named participant arising from or on account of said procedures and/or treatment rendered to good faith and according to accepted medical standards.			
Parent/Guardian		Date	

CLUB USE ONLY: OFAH:____EMAIL:____MASTER:____ATENDANCE:____MASTER ATTEND:____