

**JSANO**

c/o Northern College
 140 Government Road East
 Kirkland Lake, Ontario P2N 3L8
 Tel: (705) 567-9291 Ext. 634
 Fax: 1-705-568-8186
jsano@jsano.com

REGISTRATION FORM**Course Name:** _____**Course Date:** _____Student's Name: _____ Age: _____
(if child)

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Email: _____

Parent/Guardian Name: _____
(if required)**In Case of Emergency Contact**

Name: _____ Relationship: _____

Phone: _____

Health Conditions/Medication/Information Pertinent to Instructors

Interested in Volunteering or joining the board? Yes No**Consent of Photograph**

I will allow JSANO to use photographs/images of myself/my child, as a participant of JSANO, in promotional materials.

Signature of Registrant/Parent/Guardian_____
Date Signed**Adult Consent**

I acknowledge that there is a risk of injury involved in any activity for which I am registering. I hereby accept the risk and in consideration of JSANO accepting this registration, I hereby release JSANO from all claims of any kind that may arise.

Signature of Registrant_____
Date Signed**Guardian Consent if registering Child**

I am permitting _____ to attend classes at JSANO.

I acknowledge that there is a risk of injury involved in any activity for which I am registering my child. I hereby accept the risk and in consideration of JSANO accepting this registration, I hereby release JSANO from all claims of any kind that may arise.

Signature of Parent/Guardian_____
Date Signed