



New registrations for ages 14-24

PARTICIPANT REGISTRATION

All new registrants will be registered for our Online Record Book

Award Level

- Bronze (minimum age 14 years)
- Silver (minimum age 15 years)
- Gold (minimum age 16 years)

Participant Information (please print clearly):

Last Name _____ First Name _____

Mailing Address: _____ Town/City _____ SK Postal code: _____

Phone # () _____ - _____ Cell # () _____ - _____ Date of Birth: Month _____ Day _____ Year _____

E-Mail _____ Gender: Male Female Age (as of today's date) _____

Name(s) of Parent(s)/Guardian(s): _____

Parents Email: _____

Address of Parents: Same as above or: _____

Phone # of Parents: Same as above or: _____

Name of School Attending: _____

*Waiver and Agreement:

- I will select the activities I will perform to achieve the Award.
- I will not attempt to perform any activity until I have made certain that I can perform it safely.
- I acknowledge that no one is authorized by the Award Program to advise to the safety of any activity or as to whether I am capable of performing it safely or to supervise or exercise any control or authority over me or any participant. As a participant I assume full responsibility for all such matters.
- I hereby release and hold harmless each of the individuals and legal entities involved in the Award Program from any and all liability of any kind for any injury I might suffer while performing any activity in connection with the Award Program.
- I agree that my name and other information and/or photographs regarding me and my participation in the Duke of Ed Award Program may be used by the Award Program in any future publication for the promotion of the Program.
- This Agreement shall remain in effect as long as I am participating in the Award Program.

Date of Registration (today's date)

*Participants Signature:

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X

Month Day Year

Please Check One: Independent or Member of Group

Group Name (if applicable) _____

(Big River Community Cadets, Central Collegiate, 1st Wing Trex, 107 Spitfire RCACS Saskatoon)

D of E Coordinator (Group Contact): Mr. Mrs. Ms. Miss Other (Ex: Capt.) _____

Last Name _____ First Name _____ Contact # _____

If this registration is for a **new** group, please complete group registration form.

Enclosed is my cheque/money order/PayPal confirmation to cover the cost of registration, including the record book. **Fee for registration is \$ 50.00 for each level.** Please make cheque payable to *The Duke of Edinburgh's International Award* and mail form and payment to 1870 Lorne Street, Regina, SK S4P 2L7.

<p>For Office Use Only:</p> <p>Registration Form Received _____ Date: _____</p> <p>Participant–Welcome Email _____</p> <p>Participant–Information Email _____</p> <p>Participant registered on ORB _____</p> <p>Leader–Informational Email _____</p> <p>Participant–Entered on Database _____</p> <p>Leader–Entered on Database _____</p>	<p>District # _____</p> <p>Payment Type: <input type="checkbox"/> Paypal <input type="checkbox"/> E-transfer</p> <p>Cheque # _____ or <input type="checkbox"/> Cash</p> <p>Payee Name: _____</p> <p>Invoice # _____</p> <p>Receipt # _____</p> <p>Entered on Constant Contact _____</p> <p>Date payment received: _____</p>
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