

***Wynchemna***  
***Calgary, Alberta***  
***Junior Registration Form (10 - 14 years old)***

**Name of Student:** \_\_\_\_\_

**Date of Birth [D/M/Y]:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Type of school:** \_\_\_\_\_

**Name / Address of Parents:** \_\_\_\_\_

**Employment:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Private Tel. #** (with area code) \_\_\_\_\_ **Fax #** (with area code) \_\_\_\_\_

**Emergency Tel. #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**My child wants to enrol in the following language instruction course:**

- ☐ **English instruction** — S/he has learned English for \_\_\_\_\_ years;    **OR**  
☐ **English / French instruction** — S/he has learned English for \_\_\_\_\_ years and  
French for \_\_\_\_\_ years

**My child wants to register for the following course:**

- ☐ **June 27 to July 24, 2020 (4 weeks)**    ☐ **July 4 to July 24, 2020 (3 weeks)**  
☐ **July 26 to August 15, 2020 (3 weeks)**    ☐ **August 2 to August 15, 2020 (2 weeks)**

**My child is a:** ☐ **non-swimmer**    ☐ **beginner swimmer**    ☐ **strong swimmer**

**Special Needs** (for example: vegetarian or special diet, medicine, allergies, recent illness or operation)

Wynchemna reserves the right to cancel or modify any programme or programmes listed in the brochure because of an insufficient number of participants or for any other reason beyond its control. In such a case, written notification of cancellation will be sent out and the fees will be refunded. — Wynchemna reserves the right to withdraw participants whose behaviour is likely to affect the smooth operation of the programme or adversely affect the enjoyment or safety of other participants. Wynchemna will be under no liability to such persons. If a child has to be sent home on disciplinary grounds, the parents will be required to pay for any costs incurred.

***Parent consent:***

Experience has shown that in connection with recreational activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the official in charge to make arrangements for surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised. — Some of the activities listed in the brochure (for example, horseback riding) require an adult to sign liability waiver-forms. By signing this registration form, I give permission to the Wynchemna Instructor to sign a waiver-form for my child. — I understand and permit that my child may have his or her photograph taken, and that these photographs may be used for advertising or other purposes by Wynchemna (for example, in brochures or on its website).

**Date:** \_\_\_\_\_ **Signature of parent or guardian:** \_\_\_\_\_

Please fax or email this registration form to the following address:

**9/F, So Hong Commercial Building, 41-47 Jervois Street, Sheung Wan, Hong Kong**

**Tel: +852 2526 6163    Fax: +852 2596 0055    Email: [info@travelux.hk](mailto:info@travelux.hk)    Website: [www.travelux.hk](http://www.travelux.hk)**