



A sport, fitness and life skills  
facility for people of all abilities.  
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## Leadership Courses Registration Form 2018

### CANDIDATE INFORMATION

First Name:	Last Name:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed

### PRIMARY CONTACT INFORMATION

First Name:	Last Name:		
Address:			
Unit/Apt:	City:	Postal Code:	Province:
Phone:	Cell:	Work:	Ext.
Email:	Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### EMERGENCY CONTACT INFORMATION

Contact Name	Relationship	Home Phone:
		Cell Phone:

### MEDICAL INFORMATION

Please check the appropriate box and answer the following questions:	Yes	No
<b>Does the candidate have a disability that you would like us to be aware of? If yes, please specify.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does the candidate have any allergies that you would like us to be aware of? If yes, please specify.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does the candidate carry an epi-pen?</b>	<input type="checkbox"/>	<input type="checkbox"/>

### ATTENDANCE POLICY

I understand that attendance is 100% mandatory in this course. Arriving late, leaving early, or missing course days may result in candidates being unsuccessful in this course.

Candidate Name:	Candidate Signature: (Parent/Guardian if candidate is under 18yrs.)	Date:

Permission to travel independently. Authorizing Signature:



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## LIFESAVING SOCIETY INFORMATION

In the table below, indicate your current Lifesaving Society Qualifications and ID number. Please include the agency which certified your Standard First Aid, if not certified through the Lifesaving Society.

### \*LIFESAVING SOCIETY ID:

\*Your Lifesaving Society ID can be found on the bottom, right hand side of your permanent LSS cards.

Bronze Star	Date Earned:	Bronze Cross	Date Earned:
	Location:		Location:
Bronze Medallion	Date Earned:	Standard First Aid	Date Earned:
	Location:		Location:
			Agency:

## COURSE AND EXAM INFORMATION

I understand that registration in this course is in no way guarantee of success in this course. Unsuccessful completion of this course can be a result of a variety of reasons, including but not limited to: poor attendance, inability to meet course fitness standards, and/or inability to complete the Lifeguarding standards as stated by the Lifesaving Society. In the event of a candidate being unable to complete the requirements of the course, the examiner's decision will be final and Variety Village will not provide make up classes, exams, or training opportunities. If a candidate is unsuccessful, they will be required to pay full course fees again in order to attempt the course a second time.

Candidate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate or Parent/Guardian Signature (if Candidate is under 18 years): \_\_\_\_\_

## CANCELLATION POLICY

Time of Request	Refund/Credit	Fee
More than 15 days prior to start of course	100%	\$25.00
7-14 days prior to start of course	75%	\$25.00
Less than 7 days prior to start of course	50%	\$25.00
After start of course	No Refunds/Credits	



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## COURSE SELECTION

Please indicate which course dates you are registering for.

Standard First Aid	<input type="checkbox"/> June 2 & 3	National Lifeguard	<input type="checkbox"/> February 23—March 4
	<input type="checkbox"/> September 15 & 16		<input type="checkbox"/> June 21—29
Standard First Aid Recertification	<input type="checkbox"/> June 3	National Lifeguard Recertification	<input type="checkbox"/> March 4
	<input type="checkbox"/> September 16		<input type="checkbox"/> June 29
Bronze Medallion	<input type="checkbox"/> August 27—31		
Bronze Cross	<input type="checkbox"/> August 27—31		

## CONSENT AND WAIVER

While the Candidate listed below attends Leadership Courses at Variety Village, I assume all responsibility for any injury, loss or damage which he/she might suffer in connection with their participation in leadership programs. In addition, I, for the Candidate and any of my personal representatives, heirs, or successors, release and discharge Variety Village and Variety - The Children's Charity from any and all claims and causes of action I may ever have in connection with the above event, and waive all my rights thereto. I also grant the organizers the irrevocable right to use as they see fit for publicity, advertising or related purposes, the Candidate's name, voice or physical appearance or any comments of the Candidate's concerning the event. I acknowledge having read and understood the above and agree to each term.

I hereby give Variety—The Children's Charity and Variety Village the right and permission to publish/broadcast, without charge, photographs/images/videos taken of the below listed Candidate during his or her participation in Variety Village Leadership Courses. These photographs/images/videos may be used in publication, including electronic publications during TV broadcast or in audio visual presentations, promotional literature, advertising or in other similar ways.

**I understand and agree to all of the above terms and conditions.**

Candidate Name (please print clearly):

Signature (Parent/Guardian if under 18 years):

Date:



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### BILLING INFORMATION

<input type="checkbox"/> Same as Primary Contact			
First Name:		Last Name:	
Address:			
City:	Postal Code:	Province:	Country:
Phone:		Work:	
Email:		Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### PAYMENT INFORMATION

<b>Payment Method</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	<input type="checkbox"/> Please provide receipt	Please make cheques payable to: Variety Village
<b>Credit</b>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AMEX		Please do not send cash in the mail.
Card No.		Expiry:		CV Code:	
I authorize Variety Village to debit my card in the amount of \$_____					
Name on Card:			Signature:		

### ADMINISTRATIVE USE ONLY

Date Received:	Verified By :
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