



JSANO

c/o Northern College
 140 Government Road East
 Kirkland Lake, Ontario P2N 3L8
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jsano@jsano.com

Registration Form

Course: _____

	Date	Initials
Fall Session		
Winter/Spring Session		

Name: _____ Age: _____

Parent/ Guardian _____

Address: _____ Postal Code: _____

Phone Number: _____ Cell: _____ Work: _____

Emergency Contact

Name: _____

Phone Number: _____ Cell: _____

Health Conditions/Medication/ Allergies/ Information Pertinent to Instructors

Consent of Photograph

I allow JSANO to take pictures/images of my child, as a participant of JSANO for promotional matters.

Signature of Parent/Guardian

Date Signed

Consent

I am permitting _____ to attend JSANO classes.

I acknowledge that there is a risk of injury in any activity for which I am registering. I hereby accept the risk and in participating in JSANO classes hereby release JSANO from all claims of any kind that may arise.

Signature of Parent/Guardian

Date Signed

JSANO can always use volunteers are you interested? YES NO

