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APPLICATION FORM-SCHOOL PARTICIPANT

Please make sure that all parts of this form and the medical form have been completed.
YOUR PERSONAL INFORMATION IS NEVER GIVEN OUT TO A THIRD PARTY UNLESS REQUIRED BY A
MEDICAL EMERGENCY.

Name _____ F M

Address _____ City _____

Province/State _____ Postal/ZipCode _____ Phone # (____) _____

Birthdate (YY/MM/DD) _____ Age _____ Email _____

School Name _____

STUDENT'S COMMITMENT

I agree to respect and follow the directions of the Educo staff with regard to safety and course participation.
I understand that, if I am unwilling to participate to the best of my ability, it is unfair and unsafe for the other students. I will conduct myself in a safe and responsible manner and I am going to give the program my "Best Shot!"

Signature _____ Date _____

Have you been to Educo before? If so, when? _____

IN CASE OF EMERGENCY:

(PLEASE COMPLETE ALL PARTS OF THIS SECTION-THIS IS CRITICAL INFORMATION)

CONTACT NAME: _____ PHONE #: _____

RELATIONSHIP: _____ ALTERNATIVE PHONE #: _____

ADDRESS: _____

STUDENT'S MEDICAL SERVICES PLAN #: _____

NAME OF DOCTOR: _____ DOCTOR'S PHONE #: _____

Included in your registration you receive 2 years of Educo Newsletters, calendars and updates.
To be removed from our mailing list, please initial this line _____.

PLEASE COMPLETE THE MEDICAL FORM, TOO!