



Registration Form

Form and payment must be received one week prior to session. Please scan and email to ryan@saleemanoon.com or mail to Ryan Avola, at 107, 2023 Franklin Street, Vancouver, BC, V5L 1R4. Phone: 604-657-4628

Session chosen (Date and Location) _____

Child's surname

Child's first name

Child's Age

_____/_____/_____
Date of Birth (Month, Day, Year)

Parent's or guardian's surname

Parent's or guardian's first name

Email

Address

City and Postal Code

Home phone

Daytime phone

Cell Phone

Emergency contact and phone number (in the event we are unable to reach the registering parent) and the contact's relationship to the child (e.g., aunt, neighbour).

Please describe any medical conditions or dietary restrictions (allergies, medication etc.) of which we should be aware. We will require separate, written authorization from you to supervise medication.

Family Doctor

Phone Number

Fee enclosed: *Make cheque payable to Saleema Noon (no postdated cheques please):*

I hereby authorize my child to participate in the iGuy program led by Ryan Avola of Saleema Noon Sexual Health Educators, as described on www.saleemanoon.com.

X _____
Parent's or Guardian's Signature

Smart decisions start here.

t 604.418.9417

e saleema@saleemanoon.com

w www.saleemanoon.com

Terms and Conditions

- I understand that, unless I give notification for cancellation one week prior to the session, I forego the right to a cash refund. Partial refunds will not be given to participants completing only a portion of iGuy Empowerment Workshop.
- I am aware of the expectation for participants to respect the emotional and physical safety of other children. Parent/Guardians will be informed if their child's behavior does not reflect this standard. Any child who puts the safety of other children at risk may be asked to withdraw from the workshop without refund.
- If there are any other arrangements for picking up my child, I must notify Ryan Avola either by verbal or written consent. In the event that a child is left in our care past 3:30 p.m., a fee will be charged for this service.
- I agree to hold harmless Ryan Avola and Saleema Noon Sexual Health Educators from any liability resulting from the participation of the named minor in iGuy Empowerment Workshop.
- I give permission for any emergency medical treatment.

I have read and agree to the iGuy Terms and Conditions.

x _____
Signature of Parent/Guardian

Date

In the event that photographs are taken, I agree for my son's picture to be used for media and marketing purposes (i.e. newsletters, social media, newspaper articles etc.)

x _____
Signature of Parent/Guardian