

## REGISTRATION/ PERMISSION FORM FOR THE

## 16<sup>th</sup> Annual C.O.O.L. Convention

FOR STUDENTS WHO COMPLETED GRADES 7 OR 8

FRIDAY, AUGUST 15<sup>TH</sup> AT 8:00 A.M.

DATE / TIME:

Signature of parent/guardian:

FROM:

	To:	SUNDAY, AUGUST 17™ AT 3:30 p.m.	
LOCATION:	Durham	COLLEGE, 2000 SIMCOE ST. NORTH, OSHAWA, ON.	
PRICE:	\$130 PER PERSON		
THEME:	Self-Control		
15 <sup>th</sup> to Sunday, Au North, Oshawa, Onto the participant must	i <b>gust 17<sup>th</sup>, 20</b> ario. In order fully provide mbers or othe	th will be hosting the 16 <sup>th</sup> Annual C.O.O.L. Convention from Friday, <b>August</b> 014 at Durham College (UOIT), which is located at 2000 Simcoe Street of the this year's C.O.O.L. Convention, the parent or guardian of all the required information below. Forms missing emergency telephone or information will be considered incomplete. The parent or legal guardian permission form.	
		16 <sup>th</sup> Annual C.O.O.L. Convention REGISTRATION	
Name of participant (firs	t and last name):	:	
E-Mail (Please print clear	ly):		
Name of Church		<i>C</i> ity:	
Grade Completed:	_ Home Tel. #:	Emergency Tel.#	
Home Address:			
O.H.I.P. #		Medications/Alergies/Medical Conditions:	
I, (print name of parent/daughter to participate in responsible for the excurs agree to take responsibility activities cited above, nor	guardian) the excursion/co sions to act for his for the expenses the supervising co	, give permission for my above named son or onvention/activities described above and hereby authorize the directors and /or the persons m/ her according to their best judgment in any emergency requiring medical attention, and I so f such a procedure. I understand that neither the organizers of the excursion, convention, or ourselors will in any way be liable or responsible for any loss or injury to persons or damage to activity at or related to the above-cited excursion, convention or activity.	

Date: