



DAREarts Students Registration Form Winter 2008

Dear Student Delegate,

Welcome to the DAREarts Foundation's program for 2008. DAREarts is proud to have you represent your school as a DAREarts Delegate. You will join about 30 other specially selected students from schools in your area during school time. Please fill in the information below and return to DAREarts by mail, fax at 905-729-0037 or e-mail

apostma@darearts.com

ABOUT ME...

Student's name _____	Grade _____
My hobbies, activities, etc. _____	
Parents' names _____	
Address _____	
City: _____	Postal Code: _____
Home telephone _____	Fax : _____
E-Mails: _____	
Parents' work telephone - Mom: _____	or Dad: _____
Food allergies (We may be sampling foods) _____	
Any other health condition or information that we should be aware of: _____	

Physician's name _____	Tel. _____
Health Card # _____	

ABOUT MY SCHOOL...

School's name _____	Postal Code _____
Address _____	
Telephone [_____] _____	Fax [_____] _____
E-Mail Address _____	
Principal's name _____	
My classroom teacher's name _____	
Special information about my classroom _____	

I/We have read, understood and agreed to the above enrollment and understand that participation in the DAREarts Foundation program is at the students' own risk. I/We acknowledge that DAREarts is run independent of the Toronto District School Board. Further, I/we agree that the DAREarts Foundation, its directors, agents and/or employees shall not be liable in any way for any loss or injury resulting from or in connection with this participation and/or from transportation to and from DAREarts supervised events. I/We agree that each student is responsible for their own accident and liability insurance, as well as their own transportation plus lunches.

Signed,

Parent/Guardian _____

Date _____

Principal _____

Date _____