



Insurance Institute

Feed The Minds of Youth

Wednesday November 6, 2019
In support of The Learning Partnerships, Take Our Kids to Work™

Registration & Consent Form

Thank you for your interest in the Feed the Minds of Youth luncheon hosted by your local institute or chapter.

This Registration and Consent Form **must** be completed to participate in this event. For Part I and II, please fill in the following information and sign the consent form (Part II) to reserve your place for this event.

Please fax the completed form prior to the event to your local institute or chapter.

PART I – REGISTRATION

This section must be completed by the accompanying adult and student.

NAME:			
PLACE OF BUSINESS:			
BUSINESS ADDRESS:			
EMAIL ADDRESS:			
PHONE:			
ARE YOU THE PARENT OR GUARDIAN?	YES OR NO Please circle one.	IF NOT, STATE RELATIONSHIP TO STUDENT:	
NAME OF ACCOMPANYING STUDENT:			
SCHOOL NAME:			
SCHOOL ADDRESS:			
HOME ROOM TEACHER'S NAME	MR. MRS. MS. Please circle one.		
WHAT GRADE IS THE STUDENT IN?		STATE ANY FOOD ALLERGIES:	
PLEASE LIST ANY SPECIAL NEEDS			



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Photography

My child may be photographed, interviewed, or videotaped on this day which may be used for marketing and/or promotional purposes by the Insurance Institute of Canada. Yes _____ No _____

Elements of Risk

All experiential learning programs, such as field trips, co-operative education, job shadowing and *Feed The Minds of Youth*, involve certain elements of risk. Injuries may occur while participating in this activity without any fault of the student, the school board, or the host organization. By allowing your child to take part in this activity, you are accepting the risk that your child may be injured.

For more information see the recommendations for Workplace Health & Safety on The Learning Partnership's website at www.thelearningpartnership.ca.

I understand that there are risks associated with my child visiting a workplace. My child and I have reviewed the Elements of Risk section, identified above, and consent to another individual being responsible for my child (where applicable).

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

PART II – CONSENT (TO BE COMPLETED IF NOT ACCOMPANIED BY PARENT/GUARDIAN)

Parent/Guardian: If you are not accompanying your child to this event, please complete the section below. All other areas are to be completed by the student and parent /guardian.

I, _____ hereby give consent to

Parent or Guardian

_____ of _____

Adult Accompanying Child

Name of Organization

to be responsible for _____ for the

Name of Student

duration of the 'Feed The Minds Of Youth' event hosted by the Insurance Institute Of Canada.

Emergency

In case of emergency, please contact:

Name of Contact	Relationship to student	Contact Numbers
		1.
		2.
		1.
		2.