



British Virgin Islands Red Cross

British Virgin Islands Red Cross Disaster Preparedness and Risk Reduction Water Safety Training

Registration Form

Biographical Information

Name: _____ Age: _____
Gender: _____
Address: _____
Telephone: _____
E-mail Address: _____

Parents/Guardians

Name of Parent/Guardian: _____ (Relationship to child): _____
Telephone No. _____
Other Emergency Contact: Name: _____ Relationship to child: _____ Telephone: _____

Medical History

Existing Medical Condition: _____
History of Asthma: Yes _____ No _____
History of Diabetes: Yes _____ No _____
Any Allergies: Yes _____ No _____
Allergic to: _____
What reaction do you get? _____

Consent

I hereby give consent for my child to participate in the activities of the British Virgin Islands Red Cross Water Safety Training.

Signature: _____ Print name: _____

In the event of an injury or sickness, I hereby give permission for trained Red Cross Volunteers to administer First Aid treatment to my child.

Signature: _____ Print name: _____

Disclaimer

I certify that I am voluntarily allowing my child _____ to participate in the British Virgin Islands Red Cross Water Safety Training. I release and hold the British Virgin Islands Red Cross harmless of any liability in the event my child is injured while in the care of Red Cross personnel and instructors. I agree that it is my responsibility to bring my child to the collection point by the agreed time and to collect him/her promptly at the agreed time on return to the collection point. I will not hold the Red Cross responsible for the care of my child outside of training hours.

Parent/Guardian Signature: _____ Print Name: _____

Date: _____