



Step into your future for a day!

**DATE: WEDNESDAY NOVEMBER 6, 2019**

**REGISTRATION FORM -- DUE BACK BY FRIDAY OCTOBER 18, 2019**

**Student Information**

Gender:  M  F

_____	_____		
Last Name	First Name	Age: _____	
_____	_____		
Preferred/Nickname	Date of Birth		
_____	_____	_____	_____
Address	City	Province	Postal Code

**Parent/Guardian Information**

_____	_____	_____
Last Name	First Name	Relationship to Student
_____	_____	_____
E-mail Address	Primary Phone	Secondary Phone
_____	_____	_____
Humber Employee Number _____		

**Medical/Allergy Information**

Do you have any medical condition (s) we should be aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Do you take daily medication?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any dietary restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have medical insurance?	<input type="checkbox"/>	<input type="checkbox"/>	

**Parent / Guardian Consent**

Use of likeness: I give permission for Humber to use any photographs, images and/or voice recordings that my child is in for promotional, advertising, public relations and/or informational purposes. I hereby consent to the use of these materials without further notice or compensation, in any publicity or advertising carried out by Humber.

All experiential learning programs, such as field trips, cooperative education, job shadowing and *Take Our Kids to Work* participation, 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 employer. By allowing your child to take part in this activity, you are accepting the risk that your child may be injured.

I have read this application and confirm that all information enclosed is accurate to the best of my knowledge. I understand that this is a residential academic program and hereby give my son/daughter or legal dependent permission to attend and participate in this program

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

**Please scan and email the completed registration form to: [learninghrs@humber.ca](mailto:learninghrs@humber.ca)**