



# BNT Navigators Registration Form

(Please print)

Grade:
LEVEL: 1 2 3
T-Shirt Size:
Shoe Size:

Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Settlement/Subdivision/Island: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

.....  
 Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Learning Disabilities: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes please specify: \_\_\_\_\_

Insurance: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Verification Attachment: \_\_\_\_\_

**Emergency  
Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

(other than  
Parent/Guardian)

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**Payment Option**

Please tick option that applies;

Tick	Description	Amount
<input type="checkbox"/>	Full Registration and Insurance	\$50.00
<input type="checkbox"/>	Payment Plan	
<input type="checkbox"/>	Discovery Club Hat	\$10.00
<b>Form of Payment:</b>		
Cash:	<input type="checkbox"/>	Cheque: <input type="checkbox"/>
<b>Total Payment:</b>		