



# 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)

**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>    |                                 |                                  |