



*Mini Rendez Vous Registration*  
*and Health form*

**Childs Name**

Full Name

**Parents or Guardians Name**

First Name

Last Name

Cell Phone

Work Phone

Email

CPF Membership #

**Emergency Contact**

First Name

Last Name

Cell Phone

Work Phone

Email

Doctors Name

Doctors Phone

Are there any health conditions such as Diabetes, Epilepsy, Asthma, Allergies etc..?

No ☐ Yes ☐ If yes, please specify

The health form is a confidential record. Canadian Parents for the French will ensure that every care will be given to all registrants. Upon signing this form, parent/guardian fully understand oil activities will be supervised, Canadian parents for French monitors and volunteers cannot be responsible for accidents or injury due to a student's negligence or failure to use good judgment during the program.

**Fill out form for free CPF membership**

**Contact Information**

First Name \*

Last Name \*

Email Address \*

Phone\*

Street Address\*

City \* Province \*

Postal Code \*