

REGISTRATION FORM



Trainee Information (Return the completed form to your School Coordinator)						
Contact Information:						
	Last Name		First Name	Middle	Initial	
	Mailing Address					
	Town/City		Province	Postal C	Code	
Primary Phone:	()		Email Address:			
Birth Date:	(year / month / day				
Grade: Workbook Options		ns:	: AB Student No.:			
	□ Di ₍	gital Copy	☐ Hard Copy	AB Student No. red WILL delay registra	quired. Leaving it blank	
Training Specialization	on: please select					
☐ Beekeeping	□ Cow-Calf		☐ Dairy	□ Eqi		
☐ Feedlot ☐ Sheep	☐ Field Crop ☐ Swine		☐ Greenhouse☐ Poultry – Broiler		gated Crop ultry – Hatching Egg	
☐ Poultry – Table Egg		key	_ : • • • • • • • • • • • • • • • • • •		y	
	2.	Parent/G	uardian Informatio	n		
Parent/Guardian						
Address	Last Name		First N	Name	Middle Initial	
same as Trainee? □	Mailing Address					
	Mailing Address					
	Town/City				Postal Code	
Primary Phone:	()		Email Address:			
	3. Tr	ainer / Tra	aining-site Informa	ition		
Parent acting as trainer						
Trainer						
Address	Last Name		First N	Vame	Middle Initial	
Same as Above? □	Mailing Address					
	Mailing Address					
	Town/City			Province	Postal Code	
Training-Site Physical Address:						
_	(if different than Mailing A	ddress)				
	Town/City			Province	Postal Code	
Primary Phone:	()		Email Address:			
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	4. School Informa	luon
School Coordinator Name:		Town/City
Primary Phone: ()	Email Add	ress:
☐ Trainee has additional Training or Testing	conditions? Please specify.	
One on Conti	ficate Benjamal Beliver	nu Comileo Anose
	ficate Regional Deliver	
Southern Region – Lethbridge Lethbridge College Marina Grant 3000 College Dr. S. Lethbridge AB T1K 1L6 Ph: (403) 634-6308	Central Region - Olds Olds College Kelsey Jorgensen 4500 50 Street Olds AB T4H 1W7 Ph: (403) 507-0434	Northeast Region – Vermilion Lakeland College Jessi Selte 5707 College Drive Vermilion AB T9X1K5 Ph: (780) 853-8613
marina.grant@lethbridgecollege.ca	kjorgensen@oldscollege.ca	jessi.selte@lakelandcollege.ca
Northwest Region – Barrhead/Leduc Lakeland College Jennifer Stoby	Peace Region – Fairview Northwest Polytechnic Amber Moskalyk	For more information contact
Box 225 Busby, AB T0G 0H0 Ph: (780) 940-3563 jennifer.stoby@lakelandcollege.ca	Box 3000 Fairview, AB T0H 1L0 Ph.: (780) 835-6771 amberlhavens@hotmail.com	www.agriculture.alberta.ca/greencertificate
tudent is engaged in approved off-campus education ujuries are covered under Alberta Education's WCB at ompensation Act for the Green Certificate Student/Tr HIS REGISTRATION, WHEN SIGNED. The Job-Site lberta under Worker's Compensation Benefits.	-campus education programs, incese students will be considered to bb-Site trainers to consider prior to student injuries. Additional detail ion Handbook" http://education.al activities, that student is regarded count. The Government of Alber rainee working on an APPROVED. Trainer named in this Registration.	cluding Green Certificate. Section 153(3) of the Act to be workers employed by the Government of the becoming involved in off-campus education led information regarding any off-campus education (berta.ca/teachers/program/off-campus.aspx). When a distance as an employee of Alberta Education. Student that shall provide coverage under the Worker's Distance from the training farm site, EFFECTIVE FOR THE TERM OF the form is NOT COVERED by the Government of
ability Waiver: The Government of Alberta shall not burn operation of the farmer caused by Student/Traine tudent/Trainee. Alberta Agriculture and Irrigation may	e or incurred through the Job-Site	e Trainer's employment/training of the
rivacy: Personal information on this form is used for the reedom of Information and Protection of Privacy Act of sufformation and Protection of Privacy Act. Your name, anscript information. If you need more information, co	section 33(c). Information provide school, and birth date may be sh	d is protected under the authority of the Freedom of ared with Alberta Education for high school credit
have read and acknowledge the above term Program at their discretion with verbal or wri		nnts may withdraw from the Green Certificate onal coordinator.
rainee:		Date:
Parent/Guardian:		Date:
rainer:		Date:
School Coordinator:		Date:
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