

# Registration Form

## PART A: Family Information - Please print clearly

Parent/Guardian Last Name		First Name		Sex M/F
Family Address			City	Postal Code
Home #	Business #	Email		I would like info on upcoming recreation programs <input type="checkbox"/>
Emergency Contact Name		Emergency Contact Relationship		Emergency Contact Phone #

## PART B: Participant Information - Can be used for more than 1 family member

1. PARTICIPANT Last Name	First Name	Age	Birth Date mm/dd/yy	Sex M/F
Program Name & Location	barcode	Day, Start Date & Time		Fee
Program Name & Location	barcode	Day, Start Date & Time		Fee

2. PARTICIPANT Last Name	First Name	Age	Birth Date mm/dd/yy	Sex M/F
Program Name & Location	barcode	Day, Start Date & Time		Fee
Program Name & Location	barcode	Day, Start Date & Time		Fee

## PART C: Participant Medical & Special Needs Information

PARTICIPANT Name \_\_\_\_\_

1. Severe Allergies     2. Physical/Development Impairment     3. ADD/ADHD     4. Behavioural Conditions     5. Other Special Conditions

Specify Medical or Special need: \_\_\_\_\_  
Text

## PART D: Photograph Release & Waiver

I give my permission for the Township of Scugog to take photographs of my child(ren) during this program session for use in future promotional materials.

Signature: \_\_\_\_\_

WAIVER - All registrants must sign and agree to waiver.

I agree to release and save harmless the Township of Scugog, and its employee and other agents from any and all claims or other proceedings, regardless of who makes them, in respect of any damage or injury arising by reason participation in the program by myself or the person(s) who are shown as the "participants(s)".

Signature: \_\_\_\_\_

## PART E: Method of Payment

Cash     Debit     Cheque     M/C     Visa

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_    **TOTAL:**

Card Holder Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

<b>Township Office Use Only:</b>	Receipt # <input type="text"/>	Registered in CLASS <input type="checkbox"/>
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