

Program Registration Form

1 participant per form



Name of Participant: _____ Sex: M/F ___ Date of Birth: _____
Address: _____ Town: _____
Postal Code: _____ E-Mail: _____
Phone (H): _____ Phone (O): _____ Phone (C): _____

Parent/Guardian (if under 18): _____
Relationship: _____ E-Mail: _____
Phone (H): _____ Phone (O): _____ Phone (C): _____
Emergency Contact: _____
Relationship: _____ Phone (H): _____ Phone (O): _____

MEDICAL INFORMATION:

Are there any health conditions which staff should be aware of (i.e. allergies, medications, epi-pen, seizures, behavioural issues, etc.)? No Yes (please provide staff with specific information)

Health Card #: _____ Doctor's Name: _____

Program:	Session Dates:	Time:	Cost:

PAYMENT INFORMATION:

Cheque Cheque Number: _____ Cash Interac

Credit Card Payment: VISA MASTERCARD

Card #: _____ Expiry Date: _____

Amount of Payment: \$ _____ Signature: _____

Make cheque payable to: Township of North Dundas

Refund/Cancellation Policy: refunds will be granted **before** a program begins less a \$10.00 admin charge.

To my knowledge, I (or my ward) have no health impairment, which might interfere with or preclude my participation in the above-described activity. With respect of such participation, I hereby waive any and all claims for injury, loss or damage which may be suffered by me or which may arise from any physical defect, infirmity or incapacity known to me insofar as the Township of North Dundas, its employees or agents may be found liable or responsible for any injury or loss sustained by me.

Signature: _____ Date: _____