

Registration Form - Programs

Processed by: _____ Date Processed: ___/___/____ Date Received: ___/___/____

Registration forms can be DROPPED OFF, MAILED or FAXED 905-859-8018

Drop-off at: Dr. William Laceby Memorial Nobleton Arena, 15 Old King Road, Nobleton, ON or
Township of King Municipal Offices, 2075 King Road, King City, ON

Mailed: Box 1346, Nobleton, ON, L0G 1N0

Are you a new applicant? YES NO

Has your address, telephone number or email changed? YES NO

Would you like to be part of our email notification regarding camps programs and events? YES NO

Adult/Parent/Guardian

Last Name: _____ First Name: _____

Address: _____ P.O. Box #: _____

City: _____ Postal Code: _____

Phone Number (Home): () _____ Business: () _____

Email Address: _____ Cell: () _____

Emergency Contact: _____ Emergency Number: () _____

Participant # 1

Full Name : _____

SEX: M F Date of Birth: ___/___/____ Adult

PROGRAM	CODE	LOCATION	DAY	TIME	FEE

Participant # 2

Full Name : _____

SEX: M F Date of Birth: ___/___/____ Adult

PROGRAM	CODE	LOCATION	DAY	TIME	FEE

Detailed Information

Special Needs: _____

Allergies: _____

Medication: _____

Detailed Information

Special Needs: _____

Allergies: _____

Medication: _____

Information

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1990 c.M. 45. It will be used to process your registration from, collect fees, assign participants to various programs and record any medical information (if required). Permission is hereby granted to the Parks, Recreation and Culture Department or its representative to transport my child/ren to a local doctor or hospital for medical treatment if necessary. I agree to release, discharge, to indemnify and save harmless the Township of King from and against all claims or proceedings in respect of any costs, losses, damage or injury. By registering in a program I agree to medical attention and accept inherent risks associated with the program. My signature also indicates consent for bus trips, off site trips and use of photographs taken by the media.

Signature: _____ Date: _____

Payment Information

I authorize the Township of King to charge my:

Visa Mastercard

Card # _____

Expiry Date: _____

Print Name: _____

Signature: _____

or:
Cheque Cash Debit

NOTE: Registrations will **NOT** be processed without payment.

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Participant # 1

Full Name : _____

SEX: M F Date of Birth: ___/___/___ Adult

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