



# PROGRAM REGISTRATION FORM

Registration Forms can be DROPPED OFF, MAILED, FAXED 905-859-8018 or EMAILED [programs@king.ca](mailto:programs@king.ca):  
DROPPED OFF or MAILED:

- Dr. William Laceyby Nobleton Community Centre and Arena, 15 Old King Road, Nobleton or
- Trisan Centre, 25 Dillane Drive, Schomberg or
- Township of King Municipal Offices, 2075 King Road, King City

## ADULT/PARENT/GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ P.O Box #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

Business Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Participant #1  
Full Name: \_\_\_\_\_ Birth Date (DD/MM/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

PROGRAM	CODE	LOCATION	DAY	TIME	FEE TOTAL
<b>Fee Total</b>					

Yes	No	
		Does participant have any medical conditions, allergies or special needs? If yes, please list and specify: _____ _____
		Does participant carry an epi-pen or medication?
		I hereby grant permission to the Township of King to include participants likeness (i.e. Photographs, videos, etc) in displays or media promoting recreational programs?
		Is there a parental custody agreement that we need to be aware of?

Participant #2  
Full Name: \_\_\_\_\_ Birth Date (DD/MM/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

PROGRAM	CODE	LOCATION	DAY	TIME	FEE TOTAL
<b>Fee Total</b>					

Yes	No	
		Does participant have any medical conditions, allergies or special needs? If yes, please list and specify: _____ _____
		Does participant carry an epi-pen or medication?
		I hereby grant permission to the Township of King to include participants likeness (i.e. Photographs, videos, etc) in displays or media promoting recreational programs?
		Is there a parental custody agreement that we need to be aware of?



Participant #3

Full Name: \_\_\_\_\_ Birth Date (DD/MM/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

PROGRAM	CODE	LOCATION	DAY	TIME	FEE TOTAL
<b>Fee Total</b>					

Yes	No	
		Does participant have any medical conditions, allergies or special needs? If yes, please list and specify: _____ _____
		Does participant carry an epi-pen or medication?
		I hereby grant permission to the Township of King to include participants likeness (i.e. Photographs, videos, etc) in displays or media promoting recreational programs?
		Is there a parental custody agreement that we need to be aware of?

### TERMS AND CONDITIONS


This waiver must be signed in order for this registration application to be processed:

I acknowledge that the personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001 c.M. 25. On behalf of myself and all participants listed above, I give permission to the Parks, Recreation and Culture Department or its representatives and volunteers to administer the Township's Parks, Recreation and Culture department programs, including but not limited to processing this registration form, collecting fees, assigning participants to various programs and recording any medical information (if required). On behalf of myself and all participants listed above, I give permission to the Township to arrange for emergency medical care including but not limited to hospitalization and /or transportation to a local doctor or hospital for medical treatment if necessary, and I consent on behalf of myself and the participants listed below, to the administration of such medical treatment, at my own expense. I release, discharge, indemnify and hold harmless the Township of King from and against all claims or proceedings in respect of any costs, losses, damage or injury, whether to property or personal injury resulting from or arising in connection with my participation, or the participation by those persons listed above, in any activity contemplated by this Registration. I hereby further agree that the Township, its staff, volunteers and other participants, shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or in connection with participation in any activity contemplated by this Registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the Township its staff, volunteers and other participants. 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

Payment information must be provided in order for this registration application to be processed. There is a charge of \$40.50 for all cheques returned NSF and may result in the denial of Township services.

I authorize the Township of King to charge my:      Cheque

Credit Card Number:                      Expiry Date:  /

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

### REFUND POLICY

Cancellation Date	Refund or Credit Amount
7+ days prior to start date	80% refund
3-6 days prior to start date	50% refund
Less than 48 hours prior to start date	No refund
Medical Circumstances where a Doctor's note is provided	100% refund

\*No daily refunds will be granted for missed classes