

Date Processed:

PROGRAM REGISTRATION FORM

ADULT / PARENT / GUARDIAN INFORMATION				
Last Name:		First Name:		
Address:		P.O. Box #		
City:		Postal Code:		
Home Phone Number:		Cell Phone Number:		
Business Phone Number:		Email Address:		
Emergency Contact:	Emergency Contact Number:			
PARTICIPANT # 1 INFORMATION				
Last Name: First Name:				
Birth Date (DD/MM/YYYY): Gender:				
List Allergies/Medical Conditions:				
Program Name	Course Code	Program Location		Fee
				\$
				\$
				\$
			Total:	\$
PARTICIPANT # 2 INFORMATION				
Last Name:		First Name:		
Birth Date (DD/MM/YYYY):			Gender:	
List Allergies/Medical Conditions:				
	Course Code	Duament Leastion		Гоо
Program Name	Course Code	Program Location		Fee
				\$
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				\$ ¢
			Total:	\$
			Total:	
	TERMS AND	CONDITIONS	Total:	\$
This waiver must be signed in order for this registration application to COLLECTION OF PERSONAL INFORMATION - I acknowledge that the passion of the passion	to be processed: personal information on to The Community Ser is registration form, colle ted above, I give permis ted above, I give permis ted at treatment if necessar articipation in the progra tealth risk or risk of injury to the Township of King, ds, losses, damages, co t to the extent caused by Registration. I hereby furespecting any act done ted by this Registration, or breach of statutory accept inherent risks as the terms of this waiver we the treatment of the treatment of the terms of the terms the terms of this waiver we the treatment of the treatment of the terms of the te	this form is collected under the authority of the Municipal Act vices Department or its representatives and volunteers to ad acting fees, assigning participants to various programs and resion to the Township to arrange for emergency medical care y, and I consent on behalf of myself and the participants lister material materia	tt, 2001, S.O. dminister the recording any including burth and the recording any including but ealth or a rist their participa entatives, voluif death, injurywnship Indem participants, ath, property the staff, volunent for bus friship staff for the staff	\$ 2001 c.M. Township's Community y medical information (if at not limited to the administration of the administration of the interest and other y, loss or damage to unities, resulting from or shall not be liable, either redamage or loss atteers and other tips, off site trips and use
COLLECTION OF PERSONAL INFORMATION - I acknowledge that the p 25. On behalf of myself and all participants listed above, I give permission Services Department programs, including but not limited to processing this required). MEDICAL AUTHORIZATION - On behalf of myself and all participants list hospitalization and /or transportation to a local doctor or hospital for medic such medical treatment, at my own expense. WAIVER OF LIABILITY AND RELEASE OF CLAIMS - I recognize that proparam/activity. I hereby release, discharge, indemnify and hold harmless participants (The "Township Indemnitees") from all liability, claims, demansyself or the Participants, or my/their property, howsoever caused, except connected with participation in any program/activity contemplated by this Edirectly or indirectly, for any claims, or any damages, costs and expenses resulting from or in connection with participation in any activity contemplate or loss occurred as a result of any negligence, negligent misrepresentation participants. By registering in a program, I agree to medical attention and of photographs taken by the media. I have had the opportunity to review the I do not understand. Submit completed forms to the Township of King, Coma. by email: programs@king.ca b. in person: Trisan Centre (25 Dillane Drive, Schomb	to be processed: personal information on to The Community Ser is registration form, colle ted above, I give permis ted above, I give permis ted at treatment if necessar articipation in the progra tealth risk or risk of injury to the Township of King, ds, losses, damages, co t to the extent caused by Registration. I hereby furespecting any act done ted by this Registration, or breach of statutory accept inherent risks as the terms of this waiver we the treatment of the treatment of the terms of the terms the terms of this waiver we the treatment of the treatment of the terms of the te	this form is collected under the authority of the Municipal Act vices Department or its representatives and volunteers to ad acting fees, assigning participants to various programs and resion to the Township to arrange for emergency medical care by, and I consent on behalf of myself and the participants liste m/activity for which I have registered may include a risk to he and assume full responsibility before, during and after my/trand its elected officials, officers, employees, agents, represents, actions and other proceedings whatsoever, in respect of or attributable to the negligent or intentional acts of the Township, its staff, volunteers and other pringood faith, including but not limited to personal injury, deaventher or not such injury, damage that the Township, its vociated with the program. My signature also indicates consecuted with the program and have had the opportunity to ask Towns Department:	tt, 2001, S.O. dminister the recording any including burth and the recording any including but ealth or a rist their participa entatives, voluif death, injurywnship Indem participants, ath, property the staff, volunent for bus friship staff for the staff	\$ 2001 c.M. Township's Community y medical information (if at not limited to the administration of the administration of the interest and other y, loss or damage to unities, resulting from or shall not be liable, either redamage or loss atteers and other tips, off site trips and use
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