



# Registration Form

REGISTRATION FORM FOR DROP-OFF,  
MAIL OR FAX 905 771 2481.

FOR OFFICE USE ONLY

See the current Community Recreation Guide for Internet and Phone Registration options.

FOR OFFICE USE ONLY

For our Registration Start Dates and Registration/Withdrawal/Refund Policies, refer to the General Information pages in the Community Recreation Guide. Additional Registration Forms are available at RichmondHill.ca or at a community centre. Photocopies may also be used.

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

Processed By: \_\_\_\_\_

## PLEASE PRINT

### A. FAMILY INFORMATION

Are you a new applicant? YES  NO  Has your address, telephone number or email address changed? YES  NO

### B. ADULT/PARENT/GUARDIAN INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ BIRTH DATE: DAY | MONTH | YEAR GENDER: M  F

FAMILY ADDRESS: \_\_\_\_\_ APT/UNIT #: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ RICHMOND HILL WARD: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ BUSINESS PHONE NO.: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT PHONE NO.: \_\_\_\_\_

### C. CLIENT ALERT INFORMATION (Please indicate participant's name.)

Does the participant listed on this form have a disability, medical condition or allergy you would like us to know about?  
YES  NO  If yes, read the Integration Services page in the Community Recreation Guide prior to submitting a Registration Form.

DISABILITIES/MEDICAL CONDITIONS/  
ALLERGIES: \_\_\_\_\_ CARRIES EPI PEN: YES  NO   
SUPPORT REQUESTED  WILL ATTEND WITH OWN SUPPORT  CARRIES MEDICATIONS: YES  NO   
TAKEN FOR: \_\_\_\_\_

### D. PARTICIPANT ONE

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ BIRTH DATE: DAY | MONTH | YEAR GENDER: M  F

	COURSE CODE	LOCATION	START DATE	TIME	FEE
FIRST CHOICE					
SECOND CHOICE					
THIRD CHOICE					

### D. PARTICIPANT TWO

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ BIRTH DATE: DAY | MONTH | YEAR GENDER: M  F

	COURSE CODE	LOCATION	START DATE	TIME	FEE
FIRST CHOICE					
SECOND CHOICE					
THIRD CHOICE					

**OF NOTE:** Personal information is protected under the *Municipal Freedom of Information and Protection of Privacy Act, 1989*. Personal information is collected pursuant to the *Municipal Act, R.S.O. 1990, Chapter M-45 as amended, S. 207, Par. 28*, and will be used to register program participants. Inquiries may be directed to the Community Services Department at 905 771 8870.

#### THIS WAIVER MUST BE SIGNED IN ORDER FOR THIS REGISTRATION APPLICATION TO BE PROCESSED:

In the consideration of the acceptance of my application or that of the minor whose name appears thereon, of whom I am the legal guardian, and the permission to participate in a program sponsored by the Community Services Department of the Town of Richmond Hill, I hereby waive and forever discharge the Corporation of the Town of Richmond Hill, its employees, agents, officers and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where the program is being held (e.g. field trips, organized swims, etc.). I acknowledge and agree that the Town may use photographs of Community Services programs and the participants therein for promotional purposes.

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

### E. PAYMENT INFORMATION (Non-residents must add \$10 per program to each registration payment.)

Cash  Interac

Cheque (Cheques must be made payable to the Town of Richmond Hill. Cheques will be cashed as registrations are inputted. We do not accept post-dated cheques. Unused cheques will not be returned.)

I authorize the Town of Richmond Hill to charge my:

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ MONTH - \_\_\_\_\_ YEAR

CARDHOLDER NAME: \_\_\_\_\_ CARDHOLDER SIGNATURE: \_\_\_\_\_