



Registration Form

FOR OFFICE USE ONLY

REGISTRATION FORM FOR DROP-OFF, OR MAIL

Refer to the Community Recreation Guide for Internet registration options.

OFFICE USE ONLY

Date Received: ____/____/____ Date Processed: ____/____/____ Processed By: _____
(dd/mm/yy) (dd/mm/yy)

Personal information on this form is collected under the authority of the *Municipal Act 2001*, S.O. 2001, C.25, and will be used for the purpose of program registration and administration. Inquiries regarding this collection should be directed to the Office of the Clerk at 905-771-8800.

A. FAMILY INFORMATION (PLEASE PRINT)

FIRST PARENT/GUARDIAN

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

FAMILY ADDRESS: _____ APT./UNIT#: _____

CITY/TOWN: _____ POSTAL CODE: _____ HOME PHONE NO.: _____

CELL PHONE: _____ EMAIL ADDRESS: _____ Receive Recreation and Culture Email Newsletter

SECOND PARENT/GUARDIAN

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

CELL PHONE: _____ EMAIL ADDRESS: _____ Receive Recreation and Culture Email Newsletter

B. CLIENT ALERT INFORMATION

Does the participant listed on this form have a disability, medical condition or allergy you would like us to know about?

YES NO

Does any family member have any medical conditions we need to know about?

YES NO

Does any family member have any disabilities or special needs?

YES NO

If yes to any of these questions, please indicate the participant's name and provide additional information.

C. 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					

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					

THIS WAIVER AND CONSENT MUST BE SIGNED IN ORDER FOR THIS APPLICATION TO BE PROCESSED. PLEASE READ CAREFULLY!

I, being either the participant(s) named on this Registration Form or the parent or guardian of the participant(s), acknowledge and understand that: (a) each person, me/my child(ren) included, has a different capacity for participating in programs and their related activities such as the program that is the subject of this Registration Form sponsored by Corporation of the City of Richmond Hill (the "City") through its Community Services Department the (the "Program"); (b) there may be inherent risks associated with participating in the Program, including all manners of injury, the failure of equipment and the carelessness of other participants and misjudgements on the part of City staff or contractors; and (c) the City occasionally photographs its programs and their participants for use in promotional materials.

I agree to participate/permit my child(ren) to participate in the Program and willingly assume full responsibility, and any risks of injury, for myself/my child(ren) in connection with my/my child's(ren)'s participation in the Program at any location where the Program may be held, including facilities owned or operated by the Corporation of the City of Richmond Hill ("City") such as pools, parks and community centres, or other sites owned and operated by third parties (i.e. for field trips). I further consent to the use by the City of photographs of me/my child(ren) for promotional purposes and authorize the City to use and publish such photographs in print and/or electronically.

In consideration of the City's acceptance of this application, I, on behalf of myself/my child(ren) and my other heirs, next of kin, executors, administrators and assigns, agree to waive all claims that I/my child(ren) may have or may have in the future against the City, its elected officials, directors, officers, employees, contractors, volunteers and agents (collectively the "Releasees") and release and forever discharge the Releasees from all liability for any personal injury, death, property damage, or other loss and liabilities of whatsoever nature or kind arising out of or in any way connected with my/my child's(ren)'s participation in the Program or the City's use of photographs of me/my child's(ren)'s.

I confirm that I have had sufficient time to read and understand each item of this Waiver and Consent in its entirety, and agree to be bound by its terms freely and voluntarily this _____ day of _____, 20____.

Signature: _____
(Participant (if 18 or over) or Participant's Parent/Guardian)

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

Cheques must be made payable to the City 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 City of Richmond Hill to charge my: VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD NUMBER: _____
CARDHOLDER NAME: _____
CARDHOLDER SIGNATURE: _____

EXPIRY DATE: _____ MONTH _____ YEAR _____