

# RECREATION & COMMUNITY SERVICES REGISTRATION FORM



MAIN CONTACT OR GUARDIAN – Please print clearly			
LAST NAME		FIRST NAME	Home Phone #
Address		R.R.#/Unit	Alternate Phone #
City/Town	Postal Code	Email Address	

PARTICIPANT #1 Information				
<i>*Email is required for paperless confirmation – please print clearly</i>				
Participant LAST NAME	FIRST NAME	BIRTH DATE	SEX M/F	
Special Conditions/Needs:		<i>Check Below:</i> Register in all listed programs? Yes ( ) No ( ) Should my program be unavailable: <ul style="list-style-type: none"> <li>• Place my name on a waitlist ( )</li> <li>• Cancel my request ( )</li> </ul>		
1 <sup>st</sup> Choice Program Name	Session A B C D			Fee
2 <sup>nd</sup> Choice Program Name	Session A B C D			Fee
3 <sup>rd</sup> Choice Program Name	Session A B C D			Fee

PARTICIPANT #2 Information				
Participant LAST NAME	FIRST NAME	BIRTH DATE	SEX M/F	
Special Conditions/Needs:		<i>Check Below:</i> Register in all listed programs? Yes ( ) No ( ) Should my program be unavailable: <ul style="list-style-type: none"> <li>• Place my name on a waitlist ( )</li> <li>• Cancel my request ( )</li> </ul>		
1 <sup>st</sup> Choice Program Name	Session A B C D			Fee
2 <sup>nd</sup> Choice Program Name	Session A B C D			Fee
3 <sup>rd</sup> Choice Program Name	Session A B C D			Fee

**The Recreation and Community Services Department recommends consulting a doctor before beginning any fitness program.**

I hereby waive and forever discharge the Corporation of the Township of Oro-Medonte, 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.

**SIGNATURE OF PARTICIPANT OR GUARDIAN**

x \_\_\_\_\_

**METHOD OF PAYMENT**

- ( ) Cash – for walk-ins only
- ( ) Cheque – payable to The Township of Oro-Medonte
- ( ) Interac – for walk-ins only
- ( ) Visa/MasterCard – fill in required info

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**Registration forms are mailed or delivered to:**  
 .....  
 The Township of Oro-Medonte  
 148 Line 7 S, Box 100  
 Oro ON L0L 2X0  
 .....

CREDIT CARD INFORMATION	
_____ / _____	____/____
(Card Number)	(Exp. Date)
_____	_____
(Total)	(Signature)
VISA ( )	MASTERCARD ( )
*By signing above, I consent to have the listed card charged for the amount indicated.	