

RECREATION & COMMUNITY SERVICES REGISTRATION FORM



MAIN CONTACT OR GUARDIAN – Please print clearly and complete <u>all</u> fields.		
LAST NAME	FIRST NAME	HOME PHONE #
ADDRESS		ALTERNATE PHONE #
CITY/TOWN	POSTAL CODE	EMAIL ADDRESS (Required for paperless program confirmation notification – print clearly.)

PARTICIPANT INFORMATION – #1 – Please print clearly and complete <u>all</u> fields.				
PARTICIPANT - LAST NAME	PARTICIPANT – FIRST NAME		BIRTHDATE	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
1. PROGRAM NAME	DAY	TIME	FEE	IF PROGRAM FULL, PUT ON WAITLIST? <input type="checkbox"/> YES <input type="checkbox"/> NO
FOR CAMP REGISTRATIONS ONLY EXTENDED CARE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	MORNINGS ONLY <input type="checkbox"/> DAILY RATE \$8.00 <input type="checkbox"/> WKLY \$30.00	AFTERNOONS ONLY <input type="checkbox"/> DAILY RATE \$8.00 <input type="checkbox"/> WKLY \$30.00	MORNINGS AND EVENINGS <input type="checkbox"/> DAILY RATE \$15.00 <input type="checkbox"/> WKLY \$50.00	
2. PROGRAM NAME	DAY	TIME	FEE	IF PROGRAM FULL, PUT ON WAITLIST? <input type="checkbox"/> YES <input type="checkbox"/> NO
FOR CAMP REGISTRATIONS ONLY EXTENDED CARE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	MORNINGS ONLY <input type="checkbox"/> DAILY RATE \$8.00 <input type="checkbox"/> WKLY \$30.00	AFTERNOONS ONLY <input type="checkbox"/> DAILY RATE \$8.00 <input type="checkbox"/> WKLY \$30.00	MORNINGS AND EVENINGS <input type="checkbox"/> DAILY RATE \$15.00 <input type="checkbox"/> WKLY \$50.00	
MEDICAL CONDITIONS/ALLERGIES/LIMITATIONS:				

PARTICIPANT INFORMATION – #2 – Please print clearly and complete <u>all</u> fields.				
PARTICIPANT - LAST NAME	PARTICIPANT – FIRST NAME		BIRTHDATE	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
1. PROGRAM NAME	DAY	TIME	FEE	IF PROGRAM FULL, PUT ON WAITLIST? <input type="checkbox"/> YES <input type="checkbox"/> NO
FOR CAMP REGISTRATIONS ONLY EXTENDED CARE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	MORNINGS ONLY <input type="checkbox"/> DAILY RATE \$8.00 <input type="checkbox"/> WKLY \$30.00	AFTERNOONS ONLY <input type="checkbox"/> DAILY RATE \$8.00 <input type="checkbox"/> WKLY \$30.00	MORNINGS AND EVENINGS <input type="checkbox"/> DAILY RATE \$15.00 <input type="checkbox"/> WKLY \$50.00	
2. PROGRAM NAME	DAY	TIME	FEE	IF PROGRAM FULL, PUT ON WAITLIST? <input type="checkbox"/> YES <input type="checkbox"/> NO
FOR CAMP REGISTRATIONS ONLY EXTENDED CARE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	MORNINGS ONLY <input type="checkbox"/> DAILY RATE \$8.00 <input type="checkbox"/> WKLY \$30.00	AFTERNOONS ONLY <input type="checkbox"/> DAILY RATE \$8.00 <input type="checkbox"/> WKLY \$30.00	MORNINGS AND EVENINGS <input type="checkbox"/> DAILY RATE \$15.00 <input type="checkbox"/> WKLY \$50.00	
MEDICAL CONDITIONS/ALLERGIES/LIMITATIONS:				

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

[] YES, I would like to receive e-mail communications from the Township about future recreation and camp program offerings!

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

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.

Registration forms are mailed or delivered to:
 The Township of Oro-Medonte
 148 Line 7 South
 Oro-Medonte, ON L0L 2E0
 Registration is also available online at www.oro-medonte.ca

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purpose of program registration and participation. Questions about this collection should be directed to the Freedom of Information Coordinator.