

Recreation Program Registration



Participation Information				Date Processed:
Family Name:	First Name:	Date of Birth: (M/D/Y)	Sex: (M/F)	
1st Program:	Location:	Fee:	Date & Time:	
2nd Program:	Location:	Fee:	Date & Time:	
Medical Information				
Family Doctor Name:	Doctor's Telephone #:		Health Card #:	
Are there any ailments that the program instructor should be aware of?				
Main Contact Information (please print clearly)				
Mailing Address:		Town:	Postal Code	Home Phone #:
Email Address:		Permission to take photos? (Yes or No)		
Parent/Guardian Daytime Name/Contact Information		Emergency Contact Name		
Method of Payment (Cheque, Cash, Charge, Debit)				
Payment Method:	Receipt #:	Signature of participant (Parent/Guardian if under 18)		
I hereby release the Town of Wasaga Beach or any facilitating place, from all claims, actions, causes of action, damages and demands for loss of injury resulting directly from participation in this program. This includes all costs, damages and expenses incurred in defending any such claims or actions				
Personal information on this form is collected under the authority of the Municipal Act. S.O. 2001 c. 25 and will be used for the purpose of program registration				

Make all cheques payable to: Town of Wasaga Beach (NO POSTDATED CHEQUES WILL BE ACCEPTED)

SUBMIT



Recreation, Events & Facilities
www.wasagabeach.com (705) 429-3321
 Connecting with your Community

