

**Town of Wasaga Beach  
Recreation, Events & Facilities  
Recreation Program Registration Form  
30 Lewis Street, Wasaga Beach, ON L9Z 1A1 (704) 429 - 3321**



|   |                       |  |                            |                 |
|---|-----------------------|--|----------------------------|-----------------|
| <b>Participation Information</b>  |                       |  |                            | Date Processed: |
| Family Name:  | First Name:           | Date of Birth & Age:                                   | Sex: (M/F)                 |                 |
| 1st Program:  | Location:             | Fee:   | Program Start Date & Time: |                 |
| 2nd Program:  | Location:             | Fee:   | Program Start Date & Time: |                 |
| <b>Medical Information</b>  |                       |  |                            |                 |
| Family Doctor Name:   | Doctor's Telephone #: |  | Health Card #:             |                 |
| Are there any ailments that the program instructor should be aware of?  |                       |  |                            |                 |
| <b>Main Contact Information (please print clearly)</b>  |                       |  |                            |                 |
| Mailing Address:  |                       | Town:  | Postal Code                | Main Phone #:   |
| Email Address:  |                       | Permission to take photos? (Yes or No)                 |                            |                 |
| Parent/Guardian Daytime Name/Contact Information  |                       | Emergency Contact Name & Phone #:                      |                            |                 |
| <b>Method of Payment (Cheque, Cash, Charge, Debit)</b>  |                       |  |                            |                 |
| 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)*

By submitting this registration form you are sending it to a staff member in the Recreation, Events and Facilities Department, it will be printed and kept on file there. Your registration will not be completed until we receive your payment in full

