

Refund Policy: Full refunds are given only for programs cancelled by the Recreation Department or if you withdraw prior to start date with a medical certificate. All refund requests must be in writing. Credit transfers to another session will be accommodated whenever possible.

The Beach is Just the Beginning...



**PARKS, FACILITIES & RECREATION  
PROGRAM REGISTRATION**

30 Lewis Street, Wasaga Beach, ON L9Z 1A1 • (705) 429-3321

DATE PROCESSED

<b>PARTICIPANT INFORMATION</b>				
FAMILY NAME	FIRST NAME	BIRTHDATE	M / D / Y	SEX M <input type="checkbox"/> F <input type="checkbox"/>
1st PROGRAM NAME	LOCATION	DATE	TIME	FEE \$
2nd PROGRAM NAME	LOCATION	DATE	TIME	FEE \$
<b>MEDICAL INFORMATION</b>				
FAMILY DOCTOR	DOCTORS TEL. #	HEALTH CARD #		
IS THERE ANY AILMENT THAT THE COACH OR CAMP STAFF SHOULD BE AWARE OF?				
<b>MAIN CONTACT - Please print clearly</b>				
MAILING ADDRESS	TOWN	POSTAL CODE	HOME PHONE #	
EMAIL ADDRESS	PERMISSION TO TAKE PHOTO(S) Photos may be used for town promotional purposes			YES <input type="checkbox"/> NO <input type="checkbox"/>
PARENT/GUARDIAN DAYTIME NAME/CONTACT INFO	EMERGENCY CONTACT			
<b>METHOD OF PAYMENT</b>				
PAYMENT	DATE PAID	RECEIPT #	Make cheque payable to: <b>Town of Wasaga Beach.</b> NO POSTDATED CHEQUES CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/>	
I hereby release the Town of Wasaga Beach or any facilitating place, from all claims, actions, causes of action, damages and demands for loss or injury resulting directly from participation in this program. This includes all costs, damages and expenses incurred in defending any such claims or actions.				
Signature of participant (Parent/Guardian if under 18 years)				
Personal information contained 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, statistic reporting and allocation of staff and resources.				

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