

Applicant Information

Family Name:	First Name:	Date of Birth & Age:	Sex: (M/F)	Date Processed:
1st Program:	Location:	Fee:	Program Start Date & Time:	
2nd Program:	Location:	Fee:	Program Start Date & Time:	

Medical Information

Family Doctor Name:	Doctor's Telephone #:	Health Card #:	Must be provided first day of attendance
Are there any ailments that the program instructor should be aware of?			

Main Contact Information (please print clearly)

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 #:		

Method of Payment (Cheque, Cash, Charge, Debit)

Payment Method:	Receipt #:	Signature of participant (Parent/Guardian if under 18)
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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

