



# Township of Essa Program Registration Form

\*All registration cut-off deadlines  
are one week prior to program  
start dates.

## MAIN CONTACT – Please Print Clearly

Adult/Parent/Guardian's First Name	Last Name	Birth Date (M/D/YY)	<input type="checkbox"/> Resident	<input type="checkbox"/> Female
			<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Male
Address		City/Town	Postal Code	
Daytime Contact No.	Evening Contact No.	Emergency Contact (Name & Phone No.)		Email Address

## PARTICIPANT NO. 1 Information

First Name of Participant	Last Name of Participant	Birth Date (M/D/YY)	Age	<input type="checkbox"/> Female
				<input type="checkbox"/> Male
Health Card No.		Doctor's Name & Phone No.		

List Medical or Behavioural Conditions Which Might Affect Participation in this Program

## PROGRAM COURSE/LOCATION (ie: Angus/Thornton)

1.	Payment Amount
2.	Payment Amount

## PARTICIPANT NO. 2 Information

First Name of Participant	Last Name of Participant	Birth Date (M/D/YY)	Age	<input type="checkbox"/> Female
				<input type="checkbox"/> Male
Health Card No.		Doctor's Name & Phone No.		

List Medical or Behavioural Conditions Which Might Affect Participation in this Program

## PROGRAM COURSE/LOCATION (ie: Angus/Thornton)

1.	Payment Amount
2.	Payment Amount

### PLEASE READ CAREFULLY

1 - Cancellations by Participant/Applicant: A \$20.00 administration fee is applicable for all cancellations. \*\*No refunds will be made unless a minimum of 14 days is provided to the Recreation Department.

2 - Personal information collected through this registration is done so in accordance with provisions contained in the *Municipal Freedom of Information and Protection of Privacy Act*, RSO 1990, Chapter M.56, as amended, and will be shared with instructors and used for registration and mailing lists. Questions about this collection should be directed to: Township of Essa, Clerk, 5786 County Road 21, Utopia ON, L0M1T0.

**CONSENT:** By signing this document, I consent to the release of my personal information for the purpose of registration in recreation programs as listed above. I understand that my personal information will be provided to Instructors for the program(s) of which I have registered myself/my child/my children. By signing this registration form, I hereby give permission to the Parks and Recreation staff to take photographs of my child, my children, or myself. I understand that these photographs may appear in the Parks and Recreation Program Guide and/or the Township of Essa's website at [www.essatownship.on.ca](http://www.essatownship.on.ca).

**DISCLAIMER:** The participant assumes all risks associated with his/her participation in the programs offered by the Township of Essa. The Township of Essa accepts no liability for bodily injury, death, property or loss due to any cause whatsoever, including, without limitation, negligence on the part of the Township of Essa, including its elected officials, employees and agents.

**RELEASE:** The participant and his/her parents/guardians waive any and all claims they may have now and in the future, and release from all liability and agree not to sue the Township of Essa, its elected officials, employees and agents. This release includes all claims for bodily injury, death, property or loss sustained by the participant as a result of his/her participation in the programs offered by the Township of Essa including, without limitation, negligence on the part of the Township of Essa, its elected officials, employees and agents.

I confirm that I have read this Agreement before signing it, and that I understand it.

Signature of Participant or Parent/Guardian (Must be 18 years or older to sign) \_\_\_\_\_ Date \_\_\_\_\_

<b>TOTAL PAID:</b>	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE (Payable to Township of Essa; No post-dated cheques accepted 10business days prior to the program starting)	<input type="checkbox"/> Debit
	<input type="checkbox"/> CREDIT CARD NO:		Card Holder Name:
	C V V / C V C No. _____ Expiry Date: _____		Cardholder Signature: