PROGRAM REGISTRATION FORM

Essa Parks and Recreation
5786 County Rd. #21
Utopia, ON
LOM 1TO
(705) 424-9770
www.essatownship.on.ca

PARTICIPANT #1		
First Name:	Last Name:	
Health Card #	Doctor Name & Ph. #:	
Medical Conditions:	Date of Birth:	Age:

PROGRAM / COURSE & LOCATION (E.G. ANGUS / THORNTON)	Payment Amount
1.	
2.	
3.	

PARTICIPANT #2		
First Name:	Last Name:	
Health Card #	Doctor Name & Ph. #:	
Medical Conditions:	Date of Birth:	Age:

PROGRAM / COURSE & LOCATION (E.G. ANGUS / THORNTON)	Payment Amount
1.	
2.	
3.	

MAIN CONTACT		
First Name:	Last Name:	
Mailing Address	Town	Postal Code
Day Contact Number:	Night Contact Number:	Cell/Mobile:

IMPORTANT!!! PLEASE READ CAREFULLY

Cancellations by Participant/Applicant: A $20.00 administration fee is applicable for all cancellations
No refunds will be made unless a minimum of two weeks notice is given to the Recreation Department.

DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS

Disclaimer: The participant, including his or her parents/guardians, in signing this registration form choose to participate in this program at his or her own risk. The Township of Essa accepts no liability for bodily injury, death or property damage, whether caused by negligence or by any other reason. I give permission for my child's photo to be used for publicity purposes. These photos may be taken during program activities that were registered through the Township of Essa.

Release: The participant and his or her parents/guardians release the Township of Essa including their elected officials, employees and agents, from all claims for loss or damage of any kind connected in any way to participation in this program, whether caused by negligence or otherwise.

The person signing this form acknowledges having read and understands this **disclaimer** and **release** and having voluntarily signed to indicate acceptance of the terms above.

I hereby release the Township of Essa from all claims for damages arising from any accidents or injury which are caused by or arise from participation of the applicant named on this registration during any program or in any facility or at any location where a program is being held.

X_____ _____

Signature of Parent/Guardian **Date**

Personal information contained in this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, and will be used only for the purposes for which its collection was intended. Questions about this collection should be directed to the MFOI Coordinator at the Township of Essa, 5786 County Road 21, Utopia, Ontario, L0M 1T0, Telephone 1-705-424-9770.