

Are you a new applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, has your home address, email address or telephone number changed since your last registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Information - Please print clearly

Adult/Parent/Guardian Last Name	First Name	Gender
Family Address		City/Town
Postal Code	Email	
Home Phone	Business Phone	Cell Phone
Emergency Contact Name	Emergency Contact Phone Number	Contact's Relationship

Participant Information

Can be used for 2 family members. If the program is full, the applicant(s) will be waitlisted.

Last Name	First Name	Gender	Date of Birth (dd/mm/yyyy)	
Course Code	Course Name	Start Date	Time	Fee

Last Name	First Name	Gender	Date of Birth (dd/mm/yyyy)	
Course Code	Course Name	Start Date	Time	Fee

**Applicable taxes will be added to the program fee at the time of purchase.
Please sign the reverse side of this form**

Method of Payment

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash	Debit	Cheque	Mastercard	Visa	AMEX		
Card Number						Expiry Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<hr/>				<hr/>			
Card Holder's Signature				Card Holder's Name - Please print			

Activity(ies)/Program(s)/Event(s) Waiver

Recommendation

You and/or your guardian are urged to consult with the Participant's family doctor prior to participating in activity(ies)/ program(s)/ event(s) offered by the Corporation of the Town of Whitby (the "Town").

Assumption of Risks

The participant and/or their guardian acknowledges that the participant is physically and medically fit to participate and voluntarily assumes any risk of injury or damage in connection with the participating in the above-noted activity(ies)/ program(s)/ event(s). This activity(ies)/ program(s)/ event(s) may present various elements of risk. Accidents resulting from such activity(ies)/ program(s)/ event(s) may occur and cause injury. The participant and/or their guardian assumes the risk associated with the activity(ies)/ program(s)/ event(s).

Waiver of Liability, Release and Indemnification

In consideration of the participant being permitted to participate in any activity(ies)/ program(s)/ events(s) offered by the Town, the participant, myself, and/ or my guardian, my heirs, executors, administrators, successors and assigns do hereby release and forever discharge, waive and save harmless, defend, protect and keep indemnified the Town and all of their respective agents, employees and representatives from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death, injury, loss or damage, to my person or property however caused arising out of my being permitted to attend at or in any way take part prior to, during or subsequent to the activity(ies)/ program(s)/ events(s) as a participant.

Consent to Medical Treatment

The participant and/or their guardian hereby gives their permission for the Town to provide or arrange for such first aid or other medical treatment or care, including but not limited to transportation to hospital, as such employee may consider necessary or advisable. The participant and/or my guardian understand that all costs related to such actions shall be the participant's and/or the guardian's responsibility and I agree to pay for and/or reimburse the Town for whatever costs that are incurred.

Photo Waiver

In the course of all program activities, photos may be taken and audio and/or visual records may be made. The Town reserves the right to use all photographs and videos of all our activity(ies)/program(s)/event(s) for promotional purposes.

Personal Information

Personal information collected 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, payment, aggregate statistical reporting and allocation of staff resources. Questions of this collection should be address the Corporation of the Town of Whitby, Records Manager, 575 Rossland Road East, Whitby, ON L1N 2M8.

Acknowledgement

I and/or my guardian acknowledge that I am at least eighteen (18) years of age and I have CAREFULLY read, understood, and will abide by the Corporation of the Town of Whitby's Public Code of Conduct, Privacy Policy and Terms of the activity(ies)/program(s)/event(s).

Signature	Print Name	Date (dd/mm/yyyy)
If under 18 years of age, Parent or Guardian signature is required below		
Parent or Guardian Signature	Print Name	Date (dd/mm/yyyy)