



Innisfil

PROGRAM REGISTRATION FORM

MAIN CONTACT – Please print clearly

Adult/Parent/Guardian's First Name	Last Name	Birth Date M/D/Y / /	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident	<input type="checkbox"/> Female <input type="checkbox"/> Male (Optional)
Address	Apt/Unit #	Home Phone # ()	Cell Phone # () include your carrier to receive updated alerts regarding your program.	
City / Town	Postal Code	Your email address	EMERGENCY Name & Phone #	

PARTICIPANT #1 INFORMATION

PARTICIPANT First Name	Participant Last Name	Birth Date M/D/Y / /	Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male (Optional)	
List and medical or behavioural conditions which might affect participation in the program:			Summer Day Camp Only Shirt Size:	
Course Code:	Program Name	Fee (\$)	Pre Camp <input type="checkbox"/> Yes	Post Camp <input type="checkbox"/> Yes
Course Code:	Program Name	Fee (\$)	Pre Camp <input type="checkbox"/> Yes	Post Camp <input type="checkbox"/> Yes

PLEASE CHECK BELOW: Register in all the above Courses **OR** Register in one Course
 If class is full, please: Place my name on a waitlist **OR** Cancel my request

PARTICIPANT #2 INFORMATION

PARTICIPANT First Name	Participant Last Name	Birth Date M/D/Y / /	Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male (Optional)	
List and medical or behavioural conditions which might affect participation in the program:			Summer Day Camp Only Shirt Size:	
Course Code:	Program Name	Fee (\$)	Pre Camp <input type="checkbox"/> Yes	Post Camp <input type="checkbox"/> Yes
Course Code:	Program Name	Fee (\$)	Pre Camp <input type="checkbox"/> Yes	Post Camp <input type="checkbox"/> Yes

PLEASE CHECK BELOW: Register in all the above Courses **OR** Register in one Course
 If class is full, please: Place my name on a waitlist **OR** Cancel my request

Would you like to help make a difference in your Community? Donations accepted to help a child attend a Recreational Program or Summer Camp. Yes, I would like to donate \$1.00 \$2.00 \$5.00 \$10.00 \$20.00

DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS IMPORTANT - PLEASE READ CAREFULLY

This Disclaimer of Liability and Release of Claims is to be executed by the participant, or if the participant is a minor, by the participant's parent/guardian. The Application for Program Registration ("Application") will not be accepted unless it has been executed. In consideration of the Town of Innisfil accepting this Application I agree to this Disclaimer of Liability and Release of Claims.

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

Release: The participant and his or her parents/guardians waive any and all claims they may now and in the future may have against, and release from all liability and agree not to sue, the Town of Innisfil, and 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 or her participation in the programs offered by the Town of Innisfil including, without limitation, negligence on the part of the Town of Innisfil, its elected officials, employees and agents. I hereby give permission for Parks & Recreation Program staff to take photographs of my child, children or myself. I understand that the photographs may appear in the Parks & Recreation Program Guide and/or Town of Innisfil web site.

Personal information collected through this registration form is pursuant to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 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 the: Jodi Longland Programs Coordinator, Town of Innisfil, 2101 Innisfil Beach Road, Innisfil ON, L9S 1A1. Telephone: 705-436-3710.

I confirm that I have read this agreement before signing it and that I understand it and that it is binding not only on me and the participant but also on our heirs, executors and assigns. This application will not be accepted unless signed.

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

Date

METHOD OF PAYMENT Cash Cheque (Payable to the Town of Innisfil) Debit (Walk-in only)
 (Sorry no postdated cheques and no cheques accepted 10 business days prior to the program starting)

CREDIT CARD#: _____ Card Holder Name: _____
 CVV / CVC#: _____ Expiry Date: _____ Card Signature: _____
 CVV / CVC # Can be found on the back of your credit card.