



Washago Community Centre Corporation PROGRAM REGISTRATION FORM

FEE: _____ CHILD TAX CREDIT RECEIPT REQUIRED: Y OR NO

PROGRAM: _____ DAY: _____ TIME: _____

PARTICIPANT'S NAME: _____ AGE: _____ D.O.B. _____

DAY/MONTH/YEAR

PLEASE PROVIDE YOUR FULL MAILING ADDRESS:

CITY / TOWN: _____ POSTAL CODE: _____

TOWNSHIP (CIRCLE) SEVERN RAMARA OTHER: _____

PHONE NUMBER: _____ EMAIL: _____

MEDICAL INFORMATION

This Section Must Be Filled In Prior To Participating In Any Program

HEALTH CARD # _____ EMERGENCY CONTACT # _____

DOCTOR'S NAME: _____ PHONE # _____

OTHER MEDICAL INFORMATION / ALLERGIES

REFUND POLICY: A full refund will be issued prior to the start of a program **ONLY** if the Washago Community Centre cancels the program. Programs may be cancelled if there is low registration. Refunds requested 5 business days prior to the start of a program will be assessed a 10% administrative fee **NO OTHER REFUNDS WILL BE GIVEN EXCEPT FOR MEDICAL REASONS** (participant only) Cheques for the programs will only be cashed if course is to begin. This will help eliminate the need for refund cheques.

RELEASE AGREEMENT: This waiver and release of liability applies for all events and activities associated with the Washago Community Centre Corp. It is intended to discharge the Board of Directors, Committee, chairs, members, volunteers and instructors against any and all liability arising out of or connected in any way with **my or my child's** participation in any event or activity at the Centre or in any facility or at any location a program / activity is being held. **PARENTS ARE RESPONSIBLE FOR THEIR CHILDREN WHILE NOT UNDER THE SUPERVISION OF AN INSTRUCTOR.**

You or your family may have pictures taken of you from time to time while participating in any of the Washago Community Centre's programs. Please initial beneath this paragraph if we have permission to post pictures of the WCCC's web-site.

I have read this entire Release Agreement and I fully understand it and agree to be legally bound by it

Name (print) _____ Signature _____

Date: _____

For office use only

Fee paid (circle) Cash _____ Cheque # _____ Received by: _____