



Washago Community Centre Corporation
 4361 Hamilton Street, P.O. Box 419
 Washago, Ontario L0K 2B0
 Phone #: 705-689-6424
 www.washagocommunitycentre.com
 E-mail: wccc@rogers.com

Program Registration Form

Please fill in ALL the areas & print neatly

Annual Adult Membership Fee is \$15.00 due on January 1 of each year.

Membership Paid: \$ _____

Registration forms & payment may be mailed or delivered to the Centre (Please do not mail cash).

Please make cheques payable to Washago Community Centre Corporation.

Adult Program Participant: _____ Parent/Guardian for Children's Programs: _____

 First Name Last Name Home Phone #

 _____ R.R. # _____ P.O. Box _____
 Address Cell #

 City/Town Postal Code Township

E-Mail Address: _____ Would you like to Volunteer? Yes or No

1. _____ Day _____ Time _____ Fee \$ _____
 2. _____ Day _____ Time _____ Fee \$ _____
 3. _____ Day _____ Time _____ Fee \$ _____

Child Programs - (parent/guardian must fill in this information when registering for children's programs)

 First Name Last Name D.O.B _____ Female ___ Male ___
 (month / day / year)

1. _____ Day _____ Time _____ Fee \$ _____
 2. _____ Day _____ Time _____ Fee \$ _____

****Allergies / Medical Information - we should be aware of? _____****

 First Name Last Name D.O.B _____ Female ___ or Male ___
 (month / day / year)

1. _____ Day _____ Time _____ Fee \$ _____
 2. _____ Day _____ Time _____ Fee \$ _____

****Allergies / Medical Information - we should be aware of? _____****

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 a 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).

N.S.F. Cheques: All Non-Sufficient Funds cheques are subject to a \$45.00 fee.

Release Agreement: I hereby waive and forever discharge the Washago Community Centre Corporation, Board of Directors, Members, Volunteers, Employees 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 Washago Community Centre or in any facility or at any location a program/activity is being held. I am responsible for my child while she/he is not under the supervision of the Instructor. I have read and understand the Refund Policy, N.S.F. Cheques and Release Agreement and I agree to be legally bound by the same.

Must be filled out & signed

Name printed: _____ Signature: _____ Date: _____

Office use only: Cash \$ _____ Cheque # _____ Received by _____ Total Fees Received \$ _____