



PROGRAM REGISTRATION FORM

FEE: _____ CHILD TAX CREDIT RECEIPT REQUIRED? Y N (circle one)

PROGRAM: _____ DAY: _____ TIME: _____

PARTICIPANT'S NAME: _____ AGE: _____ Birthdate: D ___ M ___ Y ___

Please provide your full mailing address:

CITY/TOWN _____ POSTAL CODE _____

TOWNSHIP (circle) SEVERN RAMARA OTHER: _____

PHONE NUMBER: _____ E-MAIL: _____

MEDICAL INFORMATION

[This section must be filled in prior to participating in any program](#)

HEALTH CARD# _____ EMERGENCY CONTACT# _____

DOCTOR'S NAME _____ PHONE NUMBER _____

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 insufficient 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 program fees 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 Corporation. It is intended to discharge the Board of Directors, Committee 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 of activity at the Centre or in any facility a program/activity is being held.

PARENTS ARE RESPONSIBLE FOR THEIR CHILDREN WHILE NOT UNDER THE SUPERVISION ON AN INSTRUCTOR

You or your family may have photographs 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 on the WCCC website or media.

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 Cash _____ Cheque _____ Received by: _____