



PROGRAM REGISTRATION FORM*

* Please read policies on page 2 before submitting registration

The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act and the Personal Information Protection and Electronic Documents Act. The information collected may be used for registration and marketing purposes and will be stored electronically by the Town for a period of time to facilitate annually registrations, surveys and mailings. Completion of this form constitutes consent by the applicant/user to these terms and uses, unless otherwise modified or revised in writing delivered to the Town.

have you PREVIOUSLY REGISTERED with Recreation Services?	Yes	No
has your ADDRESS CHANGED since you last registered?	Yes	No
has your TELEPHONE NUMBER changed since you last registered?	Yes	No

MAIN CONTACT or PARENT/GUARDIAN

Last Name		First Name		E-mail	
Address		Apt./Unit No.	City	Postal Code	
Home Telephone		Business Telephone		Cell	
Emergency Contact Name		Relation		Telephone	

PARTICIPANT

Last Name (of Participant)		First Name		Birth Date			Sex	
				MM	DD	YYYY	M	F

PROGRAM NAME

PROGRAM NAME								Fee	
Special Needs									
Medical Info (Medications / Allergies)									

WAVIER MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED
 I hereby waive and forever discharge the Town of Petawawa, its employees, agents, officers and elected officials from all claims, damages costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where the program is being held.

INITIAL HERE

 Authorizing Signature(s)

MEDIA RELEASE
 I acknowledge and agree that the Town may use photographs of Recreation Services programs and the participants therein for promotional purposes.

INITIAL HERE

METHOD OF PAYMENT	CHEQUE	CASH	DEBIT
TOTAL \$			