



PROGRAM REGISTRATION FORM

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 annual 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.

Please read program policies on page 2 of Community Guide before submitting registration.

Have you <u>previously registered</u> with Community Services?	
Has your <u>address changed</u> ?	
Has your <u>phone number changed</u> ?	

MAIN CONTACT or PARENT/GUARDIAN				
Last Name	First Name	Email		
Address	Apt/Unit #	City	Postal Code	
Main Phone Number	Secondary Phone Number			
Emergency Contact Name	Relation	Phone Number		

PARTICIPANT				
Last Name	First Name	Date of Birth (yyyy/mm/dd)		
Special Needs or Medical Info (medications, allergies, etc.)				
Program Name				Fee*

*Payment is due at time of registration. Payment options: Debit, Cash, Cheque

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.

Media Release (optional)

I acknowledge and agree that the Town may use photographs and videography of Community Services programs and the participants therein for promotional purposes.

Initials

Participant or Parent/Guardian Signature	
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