



# REGISTRATION FORM - ADULT PROGRAMS

Please complete one form per person per program and submit a separate payment for each form.

New Address?  Yes  No

1st Time Registering?  Yes  No

PARTICIPANT FIRST AND LAST NAME				<b>PAYMENT</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
ADDRESS				Card # _____	
TOWN/CITY				Expiry _____ 3 Digit Security _____	
POSTAL CODE		DATE OF BIRTH M                      D                      Y		Card Holder _____	
HOME PHONE		ALTERNATE		Credit Card Authorization Signature _____	
EMAIL:					
PROGRAM/CODE	DAY(S)	DATE(S)	TIME(S)	LOCATION	FEE
2nd Choice					
3rd Choice					
<b>HEALTH CONDITIONS?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES, explain:			<b>SPECIAL NEEDS?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES, explain:		
<b>ANAPHYLACTIC ALLERGIES?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES, explain:					
<b>EMERGENCY CONTACT(S)</b>			<b>CUSTOMER RELATIONS</b>		
Name:		Phone:		Do you grant permission for the Town to send you electronic messages (program changes, reminders, promotions, etc.)? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Relationship:					
Name:		Phone:		<b>PHOTOTAKING</b>	
Relationship:				Do you consent to the Town having the rights to take and broadcast, reproduce, print, publish and distribute images of you in any format for promotions only? <input type="checkbox"/> NO <input type="checkbox"/> YES	

I, the registrant, consent to my participation in the program, and willingly assume full responsibility and release the Corporation of the Town of Halton Hills from all liability for damages arising from any incident, accident or injury which is caused by, or arises from, participation in any Town program in any Town or third party owned location. In addition, I agree to be responsible for full payment of any outstanding program fees owing.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date Signed (Day/Month/Year)