



REGISTRATION FORM - CHILDREN & YOUTH 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'S FIRST AND LAST NAME				PAYMENT <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card # _____ Expiry _____ 3 Digit Security _____ Card Holder _____ Credit Card Authorization Signature _____	
ADDRESS					
TOWN/CITY		POSTAL CODE			
AGE	DATE OF BIRTH M D Y	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE		
PARENT/GUARDIAN #1 FIRST AND LAST NAME		DATE OF BIRTH M D Y			
PHONE (H)		ALTERNATE			
PARENT/GUARDIAN #2 FIRST AND LAST NAME		DATE OF BIRTH M D Y			
PHONE (H)		ALTERNATE			
MAIN E-MAIL					
PROGRAM/CODE	DAY(S)	DATE(S)	TIME(S)	LOCATION	FEE
2nd Choice					
3rd Choice					
HEALTH CONDITIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES, explain:			EMERGENCY CONTACT(S) other than parent/guardian(s): Name: _____ Phone: _____ Relationship to Child: _____		
ANAPHYLACTIC ALLERGIES? <input type="checkbox"/> NO <input type="checkbox"/> YES, explain:					
SPECIAL NEEDS? <input type="checkbox"/> NO <input type="checkbox"/> YES, explain:			CUSTOMER RELATIONS Do you grant permission for the Town to email you business related notices (program changes, reminders, promotions, etc.)? <div style="text-align: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</div>		
CHILD ESCORT(S) in addition to parent/guardian(s) (Anyone picking up children at a program will be required to show Photo ID.) Name: _____ Phone: _____ Relationship to Child: _____			DO YOU GRANT PERMISSION FOR YOUR CHILD TO: a) Arrive and depart on their own? <input type="checkbox"/> NO <input type="checkbox"/> YES b) Participate in off-site walking trips? <input type="checkbox"/> NO <input type="checkbox"/> YES c) Do you consent to the Town having the rights to take and broadcast, reproduce, print, publish and distribute images of your child in any format for promotions only? <input type="checkbox"/> NO <input type="checkbox"/> YES		

I, the parent/guardian of the child, consent to the child's 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 (i.e. field trip, etc.) location. In addition, I agree to be responsible for full payment of any outstanding program fees owing.

Signature of Parent/Guardian

Date Signed (Day/Month/Year)