



ONTARIO PARKS & RECREATION

PROGRAM REGISTRATION FORM

Office Use Only
Receipt #: _____
Amount: _____
Pmt Form: Cash Check Visa MC Disc
Received by: _____
Date: _____

HOUSEHOLD INFORMATION

NEW ADDRESS

PRIMARY ADULT NAME: _____

ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

TOWN: _____ ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

DATE OF BIRTH: _____

EMAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

NEW ADDRESS

SECONDARY ADULT NAME: (OPTIONAL) _____

ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

TOWN: _____ ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

DATE OF BIRTH: _____

EMAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

Participant Name	Gender (M/F)	Birthdate	Grade	Program Name	Session	Fee

Are you willing to: COACH ASST. COACH HELP IF NEEDED

(circle if applicable)

I hereby unconditionally release the Ontario Parks & Recreation Department, and any of its staff, from all responsibility or liability in connection with any and all activities for the participants listed above, for the current calendar year. I acknowledge that neither I nor my children, suffer from any physical impairments and have no limitations, other than listed below, which may predispose me/my child to risk during any recreation activity. I give permission for a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I authorize the party or person in charge of my/my child's activity to seek medical care.

Medical Conditions or Limitations: _____

I give my permission for photos taken of my child(ren) or myself to be used for promotional purposes.

Date: _____ Signature: _____

(Parent or guardian if participant is under 18)