

# Registration Form

OFFICE USE ONLY

Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Registration Form for DROP OFF, MAIL or FAX (905) 771-2481

Are you a new applicant? YES  NO  **HAS YOUR ADDRESS, TELEPHONE NO. OR EMAIL ADDRESS CHANGED?** YES  NO

Do you have a credit balance with our Department? YES  NO  Please state amount: \$ \_\_\_\_\_

If you are a current member of the M.L. McConaghy Seniors' Centre, please provide your Membership Number: \_\_\_\_\_

**REFER TO THE CURRENT COMMUNITY RECREATION GUIDE FOR A LIST OF REGISTRATION START DATES.**

### Adult/Parent/Guardian

LAST NAME:		FIRST NAME:	
ADDRESS:			APT #:
CITY:		POSTAL CODE:	WARD:
HOME PHONE NO.:		BUSINESS PHONE NO.:	
EMAIL ADDRESS:		CELL PHONE NO.:	
EMERGENCY CONTACT:		EMERGENCY PHONE NO.:	

### Participant One Please indicate first, second and third choice(s)

FULL NAME: \_\_\_\_\_

SEX: M  F

BIRTH DATE: DAY \_\_\_\_ MONTH \_\_\_\_ YEAR \_\_\_\_

	CODE	LOCATION	DAY	TIME	FEE
First Choice					
Second Choice					
Third Choice					

### Participant Two Please indicate first, second and third choice(s)

FULL NAME: \_\_\_\_\_

SEX: M  F

BIRTH DATE: DAY \_\_\_\_ MONTH \_\_\_\_ YEAR \_\_\_\_

	CODE	LOCATION	DAY	TIME	FEE
First Choice					
Second Choice					
Third Choice					

### Client Alerts

#### DISABILITIES/MEDICAL CONDITIONS

Please read page 47 before submitting a registration form.  
 Details regarding Disabilities/ Medical Conditions: \_\_\_\_\_

Support Requested:  Will Attend With Own Support:

#### ALLERGIES/MEDICATION(S)

ALLERGIES: \_\_\_\_\_

Carries EpiPen : YES  NO

MEDICATION(S): \_\_\_\_\_

TAKEN FOR: \_\_\_\_\_

ADDITIONAL FORMS ARE AVAILABLE ONLINE AT WWW.RICHMONDHILL.CA AND AT ALL TOWN OF RICHMOND HILL COMMUNITY CENTRES. PHOTOCOPIES MAY ALSO BE USED.  
**OF NOTE:** Personal information is protected under the *Municipal Freedom of Information and Protection of Privacy Act*, 1989. Personal information is collected pursuant to the *Municipal Act R.S.O. 1990, Chapter M-45 as amended, S.207, Par. 28*, and will be used to register program participants. Inquiries may be directed to the Community Services Department at (905) 771-8870.

**WAIVER MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED:** In the consideration of the acceptance of my application or that of the minor whose name appears thereon, of whom I am the legal guardian, and the permission to participate in a program sponsored by the Community Services Department of the Town of Richmond Hill, I hereby waive and forever discharge the Corporation of the Town of Richmond Hill, 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 (e.g. field trips, organized swims, etc.). I acknowledge and agree that the Town may use photographs of Community Services programs and the participants therein for promotional purposes.

SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

### Payment Information (Please check off appropriate type of payment)

I authorize the **Town of Richmond Hill** to charge my:  VISA  MasterCard  OR  Cheque\*  Cash  Interac

CREDIT CARD NUMBER (please print) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

CARDHOLDER'S FULL NAME (please print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\*Cheques must be made payable to **TOWN OF RICHMOND HILL. NON-RICHMOND HILL RESIDENTS** must add \$10 (HST included) per program to each registration payment. Cheques will be cashed as registrations are inputted.