

REGISTRATION INFORMATION



ONLINE REGISTRATIONS

www.eastgwillimbury.ca/ireg



MAIL IN REGISTRATIONS

East Gwillimbury Sports Complex
1914B Mount Albert Rd.,
Sharon, Ontario, L0G 1V0
Attn: Recreation Services



OVER THE COUNTER REGISTRATIONS

East Gwillimbury Sports Complex
Recreation Services office
1914B Mount Albert Rd., Sharon
Monday to Friday 8:30 a.m. to 4:30 p.m.
For evening and weekend hours visit
www.eastgwillimbury.ca

REFUNDS

No refunds will be issued unless for medical reasons. A doctor's note may be required. All requests for refunds must be made in writing to the Recreation Services office. A \$20 per program administration fee plus a fee for classes attended will be deducted from all approved refunds.

Refunds will be processed according to the date your written request is received by Recreation Services. Please allow three to five weeks for any refunds to be processed.

Recreation Services reserves the right to cancel programs due to insufficient registration. Please allow three to five weeks for any refunds.

TRANSFERS

All requests for transfers must be made by calling 905-478-3826. If space is available, a transfer could be accommodated up to two business days prior to start of program.

WAITING LISTS

If you cannot be accommodated in any of your selections, your name will be added to the waiting list for your first choice only.

PRORATE POLICY

Classes will not be prorated for any reason.

Get Active

FALL FITNESS PROGRAMS
begin September 17

FALL GENERAL PROGRAMS
begin September 24

WINTER PROGRAMS
begin January 14

GUIDE LAUNCH AND
REGISTRATION PARTY
INFORMATION
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PROGRAM REGISTRATION FORM

Please read policies on page 4 before submitting registration

The personal information collected herein is subject to the Municipal Freedom of Information 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 annually 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.

MAIN CONTACT				
Last Name		First Name		E-mail (required)
Address		Apt./Unit No.	City	Postal Code
Home Telephone		Business Telephone		Cell
Emergency Contact Name		Relation		Telephone

PARTICIPANT 1				
Last Name (of Participant)		First Name		Birth Date
Program Name		Location	Code	Fee
			MM DD YYYY	
1st Choice				
AND	OR			
AND	OR			
Special Needs				
Medical Info (Medications / Allergies)				

PARTICIPANT 1 or 2				
Last Name (of Participant)		First Name		Birth Date
Program Name		Location	Code	Fee
			MM DD YYYY	
1st Choice				
AND	OR			
AND	OR			
Special Needs				
Medical Info (Medications / Allergies)				

WAIVER MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED

I hereby waive and forever discharge the Town of East Gwillimbury, 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. I acknowledge and agree that the Town may use photographs of Recreation Services programs and the participants therein for promotional purposes.

Authorizing Signature(s)

METHOD OF PAYMENT	DEBIT	CASH	CHEQUE	CREDIT CARD
TOTAL \$				
CARDHOLDER NAME	PLEASE PRINT			

CREDIT CARD NUMBER	TYPE			EXPIRY DATE
	M/C	VISA	AMEX	MM YY