



Town of
East Gwillimbury

G7 < CC @ BREAK 75 A D' 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 mailing. 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.

Have you **PREVIOUSLY REGISTERED** with Recreation Services?

Has your **ADDRESS CHANGED** since you last registered?

Has your **PHONE NUMBER** changed since you last registered?

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

PARTICIPANT 1						
Last Name (of Participant)		First Name	Birthdate			Sex
			MONTH	DAY	YEAR	
Program Name		Location	Code(s)		Fee	
School Break Camp						
Extended Hrs. Req'd? (7:30am – 9:00am) \$4		Extended Hrs. Req'd? (3:30pm – 6:00pm) \$4		Extended Camp Hours Fee:		
Special Needs						
Medical Info (Medications / Allergies)						

PARTICIPANT 2						
Last Name (of Participant)		First Name	Birthdate			Sex
			MONTH	DAY	YEAR	
Program Name		Location	Code(s)		Fee	
School Break Camp						
Extended Hrs. Req'd? (7:30am – 9:00am) \$4		Extended Hrs. Req'd? (3:30pm – 6:00pm) \$4		Extended Camp Hours Fee:		
Special Needs						
Medical Info (Medications / Allergies)						

WAIVER MUST BE CHECKED OFF FOR YOUR APPLICATION TO BE PROCESSED

 Authorizing Name
 I have read and understand
 the conditions listed.

I hereby waive and forever discharge the Town of East Gwillimbury, it's employees, agents, officers, 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.

Method of Payment		Credit Card	
Total \$		Cardholder Name	
Please check	I hereby authorize the Town of East Gwillimbury to charge my Credit Card for the above amount.		
-----X-----			
Credit Card #		Type	Expiry Date