



MARCH MADNESS 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 Leisure Services? **Yes / No**
Has your **ADDRESS CHANGED** since you last registered? **Yes / No**
Has your **TELEPHONE NUMBER** changed since you last registered? **Yes / No**

MAIN CONTACT INFORMATION			
Last Name	First Name	E-mail	
Address	Apt./Unit No.	City	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		
MARCH MADNESS	East Gwillimbury Sports Complex				
Extended Hrs. Req'd? (7:30am – 9:00am)	Extended Hrs. Req'd? (3:30pm – 6:00pm)	Extended Camp Hrs. 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		
MARCH MADNESS	East Gwillimbury Sports Complex				
Extended Hrs. Req'd? (7:30am – 9:00am)	Extended Hrs. Req'd? (3:30pm – 6:00pm)	Extended Camp Hrs. Fee			
Special Needs					
Medical Info (Medications / Allergies)					

WAIVER MUST BE CHECKED OFF FOR YOUR APPLICATION TO BE PROCESSED

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 Leisure Services programs and the participants therein for promotional purposes.

Authorizing Name
 I have read and understand the conditions listed.

Method of Payment		Credit Card	
Total \$		Cardholder Name	
Please check <input type="checkbox"/>	I hereby authorize the Town of East Gwillimbury to charge my Credit Card for the above amount.		

Credit Card #	Type	Expiry Date