



PROGRAM REGISTRATION FORM*

* Please read policies on page 4 before submitting registration

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

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	
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		Sex		
				MM	DD	YYYY	M	F
Program Name			Location	Code	Fee			
1st Choice								
AND	OR							
AND	OR							
Special Needs								
Medical Info (Medications / Allergies)								

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

Authorizing Signature(s)

WAVIER 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 Leisure Services programs and the participants therein for promotional purposes.

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