



Communications Culture and Recreation Department Program Registration Form

Family Information		
First Name of Parent <u>or</u> Guardian	Last Name of Parent <u>or</u> Guardian	
Home/Mailing Address	Town	Postal Code
E-mail Address		
Would you like to receive emails about future programs and events?	YES [<input type="checkbox"/>]	NO [<input type="checkbox"/>]
Primary Telephone	Alternate Telephone	
Emergency Contact Name	Relation to Participant	Phone

Participant Information (can be used for more than 1 family member)					
First & Last Name	Gender	Date of Birth DD/MM/YY	Program Name & Code	Cost	YMCA Membership # <i>(if applicable)</i>
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		/ /			
		/ /			
		/ /			

Do any of the above listed participants have any medical conditions/allergies that would impede participation?? YES [] NO []

If yes, please indicate whom and the conditions/allergies:

Informed Consent and Liability Statement:
 I have voluntarily elected to participate in the above recreational programs. I fully understand that these activities include various physical demands and that there are health and safety risks associated with these types of activity. I, therefore, assume all risk of injury and/or death associated with this event and I will not hold the Town of Gravenhurst Recreation Department, agents or affiliates or the Town of Gravenhurst liable for any circumstance related to this program. Furthermore, in consideration of my participation in this program, I myself, my heirs and assigns, release the Town of Gravenhurst, their agents, instructors, and volunteers, from any and all claims, actions, demands, expenses liabilities (including reasonable attorney's fees) and negligence made or brought by myself or said minor or by anyone on behalf of said minor, as a result of participation in the program. I, for myself further agree not to sue the any of the officers, agents, affiliates, employees, contractors, or volunteers, as a result of any injury, paralysis or death that might be suffered in connection with participation in the program. I hereby affirm that I fully understand the preceding paragraphs and volunteer to participate at my own risk.

Accident Insurance:
 Each participant is responsible for his/her own hospital and medical coverage. The Town of Gravenhurst will provide every safe guard for the health and welfare of each participant, but will be released from all actions, damages, claims and demands, whatsoever arising out of participation in our programs.

Media Release:
 The Town of Gravenhurst reserves the right to use photographs of recreation programs for promotional purposes. The following material is intended for use by the individual or entity for which it is specifically addressed above and should not be read by, or delivered to, any other person. Such material may contain privileged or confidential information, the disclosure or other use of which by other than the intended recipient may result in the breach of certain laws or the infringement of rights of third parties.
 Do we have permission to photograph and publish the photo of the registrant? YES [] NO []

Signature of parent/guardian : _____ Date: _____
 _____ Cash _____ Interac _____ Cheque _____ Credit Card

