

Registration Form

P.O. Box 475, 77 James St., Arnprior K7S 3L9 • Tel: 623-7301 • Fax: 623-1150

PARTICIPANT'S INFORMATION

LAST NAME _____

FIRST NAME _____

SEX: MALE FEMALE

DATE OF BIRTH _____ MONTH / DAY / YEAR

PAYMENT

CASH CHEQUE MASTER CARD

VISA DEBIT CARD

Total Swim Program \$ _____

Total Recreation Program \$ _____

Payable to Town of Arnprior.

SESSION

Spring Fall

Summer Winter

FAMILY INFORMATION

STREET ADDRESS _____ UNIT # _____

TOWN _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ BUSINESS PHONE _____

ARE YOU A MASTER MEMBER YES # _____ NO

LANGUAGE PREFERENCE ENGLISH FRENCH

GUARDIAN NAME _____ RELATIONSHIP TO PARTICIPANT _____

GUARDIAN NAME _____ RELATIONSHIP TO PARTICIPANT _____

RESIDENT OF (ARNPRIOR, McNAB, OTHER) _____

SPECIAL REQUESTS

PLEASE TRY TO ACCOMMODATE FOR SAME DAY/TIME SLOTS.
IF THIS CANNOT BE ACCOMMODATED

Please cancel this application

Register for available choices even if day/time slots do not match up

SWIM PROGRAM

Level _____

1st choice _____ AM/PM
DAY TIME

2nd choice _____ AM/PM
DAY TIME

3rd choice _____ AM/PM
DAY TIME

RECREATIONAL PROGRAM

1st Program _____

Location _____

Day(s) _____

Time _____ AM/PM

Start date _____

RECREATIONAL PROGRAM

2nd Program _____

Location _____

Day(s) _____

Time _____ AM/PM

Start date _____

Special Needs or Medical Conditions relevant to program registered for

Comments

I, the undersigned, do hereby release and agree to indemnify and save harmless Arnprior Parks and Recreation Department, The Corporation of the Town of Arnprior and their respective officers, employees or agents, and each and every Board and Commission thereof, from all claims for loss, injury or damage, to persons and property while participating in or travelling to and from the above activity, which I, or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity.

SIGNATURE _____ PRINT NAME _____ DATE _____

If known, please complete your Family or Individual Number: Family # _____ Individual # _____

Office Use Only Course # _____

Processed by _____ Date _____