

Registration Application 2011 - 2012



① Personal and Contact Information

Child's Last

Name: _____ First: _____

Date of Birth: _____ / _____ / _____ Child's Age Now: _____ Male Female
Month Day Year

Address: _____ Postal Code: _____ Phone: _____

Parent/Guardian Name: _____ Relation to Child: _____

Parent/Guardian Phone: Home: _____ Work: _____ Cell: _____

Name(s) of others permitted to pick up child: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Child's Special Needs or Medical Conditions: _____

② a) How many days of the week will you attend? and b) On which specific days of the week will you attend?

a) Number of days per week: (✓) (2 days/ week) _____ (3 days/ week) _____ (4 days/ week) _____
AND (Mon. to Thurs.)

b) On which specific days of the week will you attend: _____

Note: An extra fee of \$20 pool staffing fee applies if Thursday is one of your chosen days

③ Cost Calculation

_____ Two Days per week option: priced at \$136 ; add \$20 if you're attending Thursday

_____ Three Days per week option: priced at \$205 ; add \$20 if you're attending Thursday

_____ Four Days per week option: priced at \$240

Total Payment: \$ _____

Please make cheques payable to: "Town Of Arnprior"

I, the undersigned do hereby release and agree to indemnify and save harmless Arnprior Parks and Recreation, 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.

Parent/Guardian Signature: _____ Date: _____

Office Use:

Payment Method: _____ Processed by: _____