



Program Registration Form

(Please **PRINT** all information)

Participant(s) Information

LAST Name: _____ **FIRST** Name: _____
 Date of Birth (Child/Youth participant only): _____
 Grade (Child/Youth participant only): _____
 Address: _____
 Town: _____ Postal Code: _____
 Parent/Guardian: _____
 Home Phone: _____ Day Phone: _____
 Emergency Contact: _____ Relation: _____ Phone: _____
 Health Card Number: _____
 Physician: _____
 Physician Tel. Number: _____
 Medical Condition(s): _____
 Allergies: _____
 Medications: _____
 T-Shirt Size: _____

<u>Program (s) Registered For:</u>	<u>Registration Fee:</u>
1.)	\$
2.)	\$
3.)	\$

Total Fee (s) Due: _____

<u>Method of Payment (Please Circle):</u>
- Please make cheque payable to: "New Minas Recreation Department" -
▪ Cash
▪ Cheque
▪ Post Dated Cheque
▪ Debit

I, the undersigned, do hereby agree to allow the individual aforementioned to participate in the aforementioned program(s) and I further agree to indemnify and hold the Village of New Minas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also agree, as a participant of any paid or free event, class, activity, or program, to grant full permission to the Village of New Minas to use my name and any photographs, videos, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information provided is true and accurate.

Signature: _____ Date: _____