



Village of New Minas

Program Registration Form

COMPLETE ALL APPLICABLE SECTIONS – PLEASE PRINT

Name: _____

Address: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone #: _____

Physician's Name: _____

Medical Conditions: _____

Date of Birth: _____

Grade/School: _____

Parent/Guardian Name(s): _____

Home Phone #: _____

Work Phone #: _____

Cell Phone#: _____

Health Card #: _____

Physician's Phone #: _____

Medications: _____

Please complete a separate form for each program you are registering for

Program Name: _____

Fee: _____

Cash, Debit, Cheque (payable to: Village of New Minas) to be paid at the Village Office

PHOTOGRAPHY PERMISSION

We occasionally take photos or video to document a program, which could then be used in our promotional and/or educational materials. Permission is granted for the Village of New Minas to use still photographs or video footage for this participant for these purposes only. Yes No

WAIVER AND INDEMNITY

By signing this, I hereby agree to allow the aforementioned individual to participate in the stated registered program. 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. I further authorize the administration of any first aid steps that may be necessary by qualified personnel. I verify that the information provided above is true and accurate.

Signature: _____

Date: _____

For Office Use Only:

Paid: _____ Cash: _____ Cheque: _____ Debit: _____ Receipt #: _____

Received by: _____

Date: _____