



# VILLAGE OF NEW MINAS

## PROGRAM REGISTRATION FORM

PLEASE COMPLETE ALL APPLICABLE SECTIONS - PLEASE PRINT

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
GRADE/SCHOOL: \_\_\_\_\_  
PARENTS' GUARDIANS' NAME(S): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_  
EMERGENCY CONTACT NAME: \_\_\_\_\_  
EMERGENCY CONTACT PHONE#: \_\_\_\_\_  
EMERGENCY CONTACT RELATIONSHIP: \_\_\_\_\_  
PHYSICIAN'S NAME: \_\_\_\_\_  
PLEASE STATE ALL MEDICAL CONDITIONS (We should be aware of): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_  
WORK PHONE #: \_\_\_\_\_  
CELL PHONE #: \_\_\_\_\_  
HEALTH CARD #: \_\_\_\_\_  
PHYSICIAN'S PHONE #: \_\_\_\_\_  
PLEASE STATE ALL MEDICATIONS (We should be aware of): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE STATE WHICH PROGRAM YOU ARE REGISTERING FOR:

(PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR EACH PROGRAM  
(COPY CAN BE MADE AFTER TOP SECTION IS COMPLETED FOR MULTIPLE PROGRAM REGISTRATIONS)

PROGRAM NAME: \_\_\_\_\_

FEE: \_\_\_\_\_

(CASH, CHEQUE, DEBIT TO BE PAID AT VILLAGE OFFICE)  
(PLEASE MAKE CHEQUES PAYABLE TO: VILLAGE OF NEW MINAS)

I, the undersigned, do hereby agree to allow the individual aforementioned to participate in the stated registered program, 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. I further authorize 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: \_\_\_\_\_