REGISTRATION FORM

Last Name of Adult Registrant or Parent/Guardian	First name of Adult Registrant or Parent/Guardian		
Mailing Address	Town	Postal Code	□ Rural □ Urban
Phone Numbers Home: Work: Cell:	Email Address (if you would like to receive information on programs via email)		
Medical/Behavioral Information:	Allergy Information:		

Participant(s) Name Last	First	Age	Gender	Program	Course # /Town	Fee
□ CHEQUE □ CASH □ INTERAC □ MONEY ORDER				TOTAL FEES		

Office Use

GL No.: Project Code: Receipt No.

LIABILITY AND PERSONAL INFORMATION WAIVER

The personal information provided will be used to register yourself or your child in a Community program or activity and is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Ac*t. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator with the Municipality providing the program.

I hereby ☐ authorize ☐ do not authorize *(check one)* the Municipality to use photographs taken of the aforementioned individual(s) while attending or participating in Community Services programs and activities (scheduled or unscheduled) sanctioned by the Municipality. Photographs may be used to promote the Municipality's programs or used in or as part of publications, advertisements, newsletters and displays intended for the general public. Parents and media may also have the opportunity to take pictures; any of these photos taken during public events cannot be controlled. No other use of these photographs will be allowed.

Under Section 38 of the *Freedom of Information and Protection of Privacy Act,* Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Also, Municipalities must comply with Sections 39 and 40 when using and disclosing personal information.

I,_____, have informed myself of any and all risks that could take place due to my participation or my child's participation with the program and hereby release the Municipality or Agency, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly, from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself or my children. I acknowledge having read and understood this release and accept the terms therein.

Signature of Adult Participant:_____

or

Signature of Parent/Guardian:_____ DATE:_____