



AQUATIC AND CAMP REGISTRATION FORM 2010

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Full Name

Home Phone

Street Address

Postal Code

E-mail Address

Alternate Phone

Emergency Contact Name

Phone Number

Name of Family Doctor

Phone Number

PARTICIPANT #1

First Name

Last Name

Sex

Birth date (dd/mm/yyyy)

Medical Conditions/Allergies

Health Card #

PROGRAM NAME	SESSION	TIME	TOTAL COST	PAID + RECEIPT #
1.				
2.				
3.				

PARTICIPANT #2

First Name

Last Name

Sex

Birth date (dd/mm/yyyy)

Medical Conditions/Allergies

Health Card #

PROGRAM NAME	SESSION	TIME	TOTAL COST	PAID + RECEIPT #
1.				
2.				
3.				

PARTICIPANT #3

First Name

Last Name

Sex

Birth date (dd/mm/yyyy)

Medical Conditions/Allergies

Health Card #

PROGRAM NAME	SESSION	TIME	TOTAL COST	PAID + RECEIPT #
1.				
2.				
3.				

I hereby release the Township of Scugog from all claims for dangers arising from any accident or injury which is caused by or arises from participation of the applicant, indicated herein, during any program or in any facility or at any location where a program is being held.

Parent/Guardian Print Name

Signature of Parent/Guardian

Date

Method of Payment: Cash, Debit, Visa/Master card, & Cheque (Payable to Township of Scugog)

Visa/Master card #

Expiry Date: