PART A: FAMILY/GUARDIAN INFORMATION - Please print clearly

Head of Household/Parent/Guardian Last Name	First Name	Home Phone:	Cell Phone:	Business Phone:
Email Address ❑ PRIVATE: Please do not contact me about programs/events via email.			Relationship to Participant	Birth Date D/M/Y
Parent/Guardian Last Name	First Name	Home Phone:	Cell Phone:	Business Phone:
Email Address ❑ PRIVATE: Please do not contact me about programs/events via email.			Relationship to Participant	Birth Date D/M/Y
Family Address		Apt.Unit #	Town/City	Postal Code

PART B: PARTICIPANT INFORMATION - If program is full, applicant will be waitlisted

Participant #1 Last Name	First Name	Birth Date D/M/Y	Age	Gender

Barcode	Activity Name	Location	Start Date / Day	Time	Course Fee	Staff Use
					$	
					$	

Participant #2 Last Name	First Name	Birth Date D/M/Y	Age	Gender

Barcode	Activity Name	Location	Start Date / Day	Time	Course Fee	Staff Use
					$	
					$	

PART C: MEDICAL INFORMATION - Please attach a separate sheet if more room is required

Does any participant listed on this form have special needs, medical conditions or allergies you would like us to know about?
❑ Yes ❑ No If yes, read the Inclusion Services page in the Community Recreation & Parks Guide prior to submitting a Registration Form.

Name of Participant: Special Needs/Medical Conditions/Allergies/Medication. EpiPen required?: YES ❑ NO ❑

1.

2.

PART D: PHOTOGRAPH RELEASE

❑ Check box if you do NOT give permission for the Town of Ajax to take photographs of my child/myself during this program session for use in future promotional materials.

WAIVER In consideration of permission to use the property, facilities, staff, equipment and services of the Town of Ajax, I, on behalf of myself, my heirs, personal representatives, or assigns, or as the legal guardian of the minor registrant, do hereby release, indemnify and save harmless, waive, and forever discharge the Town of Ajax, its directors, officers, employees, volunteers and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death) and property loss resulting from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment. By signing this form, I fully understand its terms and understand that I have given up substantial rights by signing it.

Signature: _____ Date: _____

Waiver must be signed before registration will be processed.

PART E: METHOD OF PAYMENT (No post-dated cheques)

❑ Cash ❑ Cheque - payable to the TOWN OF AJAX ❑ Debit ❑ MasterCard ❑ VISA ❑ American Express ❑ Gift Card

Total Course Fee(s) $: _____ (plus applicable taxes) Note: Credit card information NOT required if paying at front counter.

Card # _____ Expiry Date: _____

Card Holder Name (Please print): _____ Signature: _____

Personal information on this form is collected under the authority of the Municipal Act to be used by Recreation, Culture & Community Development staff for the purpose of processing your registration and sending program information from the Town of Ajax. Questions about this collection may be directed to the FOI Coordinator, 65 Harwood Avenue South, Ajax, Ontario, L1S 2H9.