

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	<input type="checkbox"/> PRIVATE: <i>Please do not contact me about programs/events via email.</i>		Relationship to Participant	Birth Date D/M/Y
Parent/Guardian Last Name	First Name	Home Phone:	Cell Phone:	Business Phone:
Email Address	<input type="checkbox"/> PRIVATE: <i>Please do not contact me about programs/events via email.</i>		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
					\$	
					\$	
Participant #3 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?
 No Yes 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 <input type="checkbox"/> NO <input type="checkbox"/>
1.	
2.	
3.	

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

Cash
 Cheque - payable to the TOWN OF AJAX
 Debit
 
 
 
 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: _____

Please Note: You MUST read and sign the waiver on page 8 of this guide before your registration will be processed.



Waiver Form for Participant in a Recreation Program

Recommendation

You and/or your parent or guardian are urged to consult with the participant's family medical practitioner prior to participating in any activity(ies)/ program(s)/ event(s) offered by the Town of Ajax (The Town).

Element of risk

This activity/ program may present various elements of risk. Accidents resulting from such activities may occur and cause injury. These accidents result from the nature of the activity and can occur without any fault on either the part of the Town of Ajax or its employees, agents or representatives. By choosing to participate in the activity, the participant and/or their parent or guardian is assuming the risk of an accident occurring. Participants and or their guardian MUST assume the risk associated with the activity.

The participant agrees to use caution and wear appropriate clothing and protective equipment, including but not limited to items as supplied or recommended by the Town of Ajax. The participant acknowledges that it is the participant's right and responsibility to decrease or completely stop participating during any activity should the participant feel unsafe to continue doing so and that the participant will immediately (as soon as practical) inform the program employees or volunteers of their concerns or symptoms. It is the responsibility of the parent or guardian of the participant to inform and ensure that their participant understands this right.

Release and indemnification agreement

In consideration of my (the participant) being permitted to participate in any activity(ies)/ program(s)/ event(s) offered by the Town of Ajax; I, myself, and/or my parent or guardian, my heirs, executors, administrators, successors and assigns do hereby release and forever discharge, waive and save harmless, defend, protect and keep indemnified the Town of Ajax and all of their respective agents, employees and representatives from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death, injury, loss or damage, to my person or property however caused arising out of my being permitted to attend at or in any way take part prior to, during or subsequent to the activity(ies)/ program(s)/ event(s) as a participant or spectator.

Signature

I have read and understand this Waiver.

Print Participant Name(s)	Signature of Participant or Parent/Legal Guardian if Participant is under 18 Years of Age	Date
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Consent to medical treatment

The participant and/or their parent or guardian hereby gives their permission for the Town employees or volunteers to provide or arrange for such first aid or other medical treatment or care, including but not limited to transportation to hospital, as such employee or volunteer may consider necessary or advisable. I and/or my parent or guardian understand that all costs related to such actions shall be the participant's and/or the guardian's responsibility and I agree to pay for and/or reimburse the Town of Ajax for whatever costs that are incurred.

Photo waiver

In the course of all program activities, photos may be taken and audio and/or visual records may be made. The Town of Ajax reserves the right to use all photographs and videos of all our activity(ies)/program(s)/event(s) for promotional purposes.

Check box if you do NOT give permission to the Town of Ajax to take photos, audio and/or visual recordings of your child or yourself during this program session for use in future promotional materials.

Personal information

Personal information collected on this form is collected under the authority of the Municipal Act, S.O. 2001, c.25 and will be used for the purpose of program registration, payment, aggregate statistical reporting and allocation of staff resources. Questions of this collection should be address the Town of Ajax, FOI Coordinator, 65 Harwood Ave. South, Ajax, ON L1S 2H9.

Acknowledgement

THE PERSON SIGNING THIS FORM ACKNOWLEDGES THAT THEY ARE AT LEAST EIGHTEEN (18) YEARS OF AGE AND ARE LEGALLY AUTHORIZED AND CAPABLE AND HAVE READ THE ABOVE AND UNDERSTAND THAT IN PARTICIPATING IN ANY PROGRAM OFFERED AND/OR ATTENDING ANY FACILITY, THE PARTICIPANT AND/OR THEIR PARENT OR GUARDIAN IS ASSUMING THE RISKS ASSOCIATED WITH DOING SO.