



Township of
SEVERN

Township of Severn Recreation Registration Form

Main Contact or Guardian – Please print clearly

Last Name		First Name		Home Phone #	
Address			RR#/Unit	Cell/Alternate Phone #	
City/Town	Postal Code		Email Address		

Participant 1 – Information (Please print clearly)

Participant Last Name	First Name		Birthdate (dd/mm/yyyy)	Sex: M / F / Binary
Special Conditions/Needs	T-Shirt (Youth S/M/L/XL)		<i>Check Below:</i>	
			Register in all listed programs? Yes No	
1st Choice Program Name	Code	Fee	Should my program not be available:	
			Place my name on a waitlist	Cancel my request
2nd Choice Program Name	Code	Fee	Return cheque	Destroy cheque
			Place on account credit	Refund

Participant 2 – Information (Please print clearly)

Participant Last Name	First Name		Birthdate (dd/mm/yyyy)	Sex: M / F / Binary
Special Conditions/Needs	T-Shirt (Youth S/M/L/XL)		<i>Check Below:</i>	
			Register in all listed programs? Yes No	
1st Choice Program Name	Code	Fee	Should my program not be available:	
			Place my name on a waitlist	Cancel my request
2nd Choice Program Name	Code	Fee	Return cheque	Destroy cheque
			Place on account credit	Refund

The Township of Severn Recreation recommends consulting a doctor before beginning any fitness program!	
<p>I hereby waive and forever discharge the Corporation of the Township of Severn, its employees agents, officers and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where the program is being held.</p> <p>I give permission for the Township of Severn to use photos and or video of myself/child for the purposes of program promotion and/or staff training.</p> <p>I have read and understand "How to Register", "Late Registrations & Discounts", "Refunds" and "N.S.F. Cheques" sections of the brochure.</p>	<p style="text-align: center;">X _____ Signature of Participant (16+) or Guardian</p>

Method of Payment (office use only)

<input type="checkbox"/> Cash – for walk-ins only <input type="checkbox"/> Cheque – payable to the Township of Severn <input type="checkbox"/> Debit – in person at Administration office only	Total fees received: \$ _____ (Business 138617113) Date received: _____
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Drop off Registration forms at:	Mail Registrations to:
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Township of Severn 1024 Hurlwood Lane Severn, ON L3V 0Y6	Coldwater & District Community Centre 11 Michael Anne Drive Coldwater, ON L0K 1E0	Washago Community Centre 4361 Hamilton Street, Washago, ON L0K 2B0	Township of Severn P.O. Box 159 Orillia, ON L3V 6J3
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Personal information contained on this form is collected pursuant to the Municipal Freedom of information and Protection of Privacy Act, and will be used for the purpose of program registration and participation. Questions about this collection should be directed to the Freedom of Information Coordinator.