



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 | | |

| | | |
|--|--|---|
| <p>The Township of Severn Recreation recommends consulting a doctor before beginning any fitness program!</p> <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> | | X _____ Signature of Participant (16+) or Guardian |
|--|--|---|

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: _____ |
|--|--|

| | | | |
|--|---|--|---|
| Drop off Registration forms at: | | | Mail Registrations to: |
| 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 |

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.