

Township of Severn Recreation Registration Form

Main Contact or Guardian - Please print clearly					
Last Name		First Name		Home Phone #	
Address			RR#/Unit	Birthdate (dd/mm/yyyy)	Cell/Alternate Phone #
City/Town		Postal Code		Email Address	
Participant 1 - Information - Please print clearly					
Participant Last Name		First Name		Sex	
				M F Non-Binary Prefer not to answer	
Gender Identity				Gender Pronoun	
M F Non-Binary Prefer not to answer				She/Her He/Him They/Them Other	
Birthday (dd/mm/yyyy)		T-Shirt (Youth S/M/L/X)		Check Below:	
				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		Sex	
				M F Non-Binary Prefer not to answer	
Gender Identity				Gender Pronoun	
M F Non-Binary Prefer not to answer				She/Her He/Him They/Them Other	
Birthdate (dd/mm/yyyy)		T-Shirt (Youth S/M/L/X)		Check Below:	
				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	
Program Questions					
Please list any medical conditions, allergies or limitations:					
Please provide an alternative emergency contact (full name) and phone number					
Emergency Contact Name:				Emergency Contact Phone #:	
I give permission for the Township of Severn to use photos and or video of myself/child for the purposes of program and/or staff training?					
			Yes		No

The Township of Severn Recreation's Department recommends consulting a doctor before beginning any fitness program!
 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.

X _____
 Signature of Participant (16+) or Guardian

I have read and understand "How to Register", "Late Registrations & Discounts", "Refunds" and "N.S.F. Cheques" sections of the brochure.

Method of Payment (office use only)

Cash - for walk-ins only	Total fees received: \$ _____ (Business 138617113)
Cheque - payable to the Township of Severn	
Debit - in person at Administration office only	
Date Received: _____	

Drop off Registration forms at:

Township of Severn 1024 Hurlwood Lane Severn, ON, L3V 0Y6	Coldwater & District Community Centre 11 Michael Anne Drive Coldwater, ON, L0K 1E0	Township of Severn P.O. Box 159 Orillia, ON, L3V 6J3	Washago Community Centre 4361 Hamilton Street Washago, ON, L0K 2B0
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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.