



General Recreation Program Registration Form

Thank you for your interest in our recreation program.

If you would like to register and pay in person, you can come directly to our office and our Customer Care Team can process your registration.

Also, you can complete this form, print a copy, and bring it with your payment to our Administration Office ([1024 Hurlwood Lane](#)) during regular business hours (Monday to Friday 8:30 a.m. to 4:30 p.m.).

If you cannot access our Office during business hours, you can drop your cash or cheque payment in our after-hours drop box located outside our front door.

Each participant requires a separate registration form.

Payment options

You can pay for program registration in person using cash, debit, cheque, Mastercard, Visa, or Visa debit (we do not accept credit cards other than Mastercard or Visa). We do not accept Mastercard debit.

If you choose to pay in person using Mastercard, Visa, or Visa debit a two percent fee will be applied to your purchase. The Township is required to pay a merchant fee (surcharge) to cover the cost of processing each credit card transaction. This fee is applied as a cost-recovery measure to only those transactions that are paid by credit card, and not to other forms of payment.

Please select the Program Fee that applies to you or the participant. If you are registering for the children's arts and crafts program, please enter the child's name as the participant. *

- ☐ ADULT General Program Registration Fee | \$70 plus 13% HST
- ☐ SENIORS General Program Registration Fee | \$52.50 plus 13% HST
- ☐ CHILDRENS Art-based Program Registration Fee | \$90
- ☐ ADULT Beginner Watercolour Program Registration Fee | \$160 plus 13% HST
- ☐ SENIORS Beginner Watercolour Program Registration Fee | \$120 plus 13% HST

Enter the name of the program followed by the location (for example, Beyond Beginner Yoga Coldwater) *

Enter the start date of the program *

Name of participant *

Street address *

Municipality *

Province *

Postal code *

Phone number *

Email *

Please provide any information about any medical conditions, limitations, etc. that the participant may have

Emergency contact information

Name of the emergency contact *

Emergency contact phone number *

Consent to participate and liability waiver

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 and any location where the program is being held. Enrollment after the start date of the program will not be prorated.

I have read and understand the [Recreation Programs Policy](#).

By signing this form you confirm all participant details are accurate, and confirm that you have read both the consent to participate information and the liability waiver above. *

Privacy statement

Information contained on this form is collected under the authority of the [Municipal Act](#). Information collected will be used and managed by the Township of Severn in accordance with the [Municipal Freedom of Information and Protection of Privacy Act](#) for general municipal operations. If you require additional information, please view our [Freedom of Information and Routine Disclosure Policy](#).

Please indicate that you've read and understand the above privacy statement. *

☐ Yes