



Recreation Program Registration Form

Main Contact

Adult's First Name	Adult Last Name	Sex	M	F
Address	City	Postal Code		
Daytime #	Evening #	Email		

Emergency Contact

Adult's First Name	Adult Last Name	Phone #
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Participant #1

First Name	Last Name	Age ()	Date of Birth ___/___/___	Sex	M	F
Health Card #	Medical Conditions/Special Needs					
Program Name	Date/Time	Location	Fee	Barcode		

Participant #2

First Name	Last Name	Age ()	Date of Birth ___/___/___	Sex	M	F
Health Card #	Medical Conditions/Special Needs					
Program Name	Date/Time	Location	Fee	Barcode		

Method of Payment - for office use only

<input type="checkbox"/> DEBIT <small>(Debit at Paris, Burford & South Dumfries Customer Office)</small>	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE <small>(payable to "The County of Brant")</small>	<input type="checkbox"/> VISA MASTERCARD	Total
Circle Location : Paris / Paris Downtown / Burford / St. George / Oakland / Onondaga				DATE: _____

SAFE ARRIVAL - SIGN IN/OUT INFORMATION - Please complete when registering

It is mandatory that we receive all completed and up-to-date forms from children between 0-12 yrs.

Please indicate below who will be dropping off/picking up your child for programs:

Name	Relationship to Child	Home Phone Number	Cell Phone Number

Parents/Guardians and anyone else picking up a child from programs may be requested to provide identification before release of the child.

My child is over 10 years of age and will be coming to the program on their own and can leave by themselves.

Yes ____ No ____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____



I hereby release the Corporation of the County of Brant from all claims for damages arising from participation of the applicant hereon during any program or in any location where a program is held, (i.e. field trips, organized swim, etc.). Permission is hereby granted to the Parks and Recreation Department and its representatives to transport my child to a local doctor or hospital for medical treatment if necessary. The County of Brant reserves the right to use photographs of recreation programs for promotional purposes. Questions regarding this should be directed to the Director Community Relations, 519-442-1818.

The information is managed in accordance with the requirements of the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990 and the Personal Health Information Protection Act 2004