

## Program Registration Form

Activity Number	Participants Name		Date of Birth	Sex	Activity name	Activity Fee
	Last	First	M/D/Y			

COMPLETE IF PAYING BY CREDIT CARD			
CREDIT CARD #		EXPIRY DATE	
NAME AS IT APPEARS ON THE CARD	VISA <input type="checkbox"/>		<input type="checkbox"/>
	MASTERCARD <input type="checkbox"/>		<input type="checkbox"/>

GST	
Total Fees	

**FOIP Notification:** The personal information you provide on this form is being collected under the authority of Section 33(c) of **Alberta's Freedom of Information and Protection of Privacy Act**. This information will be used to operate a recreational or cultural program or activity of the Town of Canmore. The privacy provisions of the Freedom of Information and Protection of Privacy Act protect your personal information. If you have any questions about the collections of this information please contact the FOIP Coordinator 902-7<sup>th</sup> ave street, Canmore, AB, T1W 3K1

### Registering Adult Application Information

This information must be filled out if you are an adult registration for a program OR if you are the parent or guardian of a child registering in a program

Last Name:	First Name:		
Mailing Address:	City:	Province:	Postal Code:
Home Phone #	Would you like to receive a monthly e-mail newsletter highlighting Canmore Recreation Centre programs and schedules? Yes please. <input type="checkbox"/> No thank-you. <input type="checkbox"/>		
Work Phone #			
Email address: _____			

### WAIVER FORM

1. I the undersigned, hereby agree to allow the individual(s) named hereon to participate in The Town of Canmore Community Services programs and activities.
2. I certify, that to the best of my knowledge, the participant(s) name hereon is/are physically fit and able to engage in Community Services Department activities.
3. In case of emergency, I give permission for emergency treatment.
4. I hereby release the Town of Canmore from all claim for damage arising from any accident or injury which is caused by or arises from participation of the individual(s) named hereon during any program or in any facility or at any location where a program is being held.
5. My signature acknowledges that I understand and agree to the above conditions.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME

<u>My relationship to participant(s)</u>	
Parent <input type="checkbox"/>	Participant <input type="checkbox"/>
Guardian <input type="checkbox"/>	

**Mailing Address: 1900-8<sup>th</sup> Avenue, Canmore AB, T1W 1Y2, Phone# (403) 678-1537 Fax # (403) 678-0753**