



PROGRAM/AQUATIC REGISTRATION FORM

Change in Information
 New Applicant

ADULT/ PARENT / GUARDIAN Surname	First name	Birthdate: MM / DD / YY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Apt/ Unit #	Postal Code	Town
Primary Phone #	Alternate Phone #	Email <input type="checkbox"/> Yes <input type="checkbox"/> No to updates Sent via Email	
Emergency Contact Information Name	Primary Phone #	Alternate Phone #	

PARTICIPANT INFORMATION - Can be used for more than 1 family member

1. PARTICIPANTS Surname (if different than the family information)		First Name		Birthdate MM / DD / YY	Sex M/F
Activity Code	Activity Name	Location	Day & Start Date	Time	Fee
Activity Code	Activity Name	Location	Day & Start Date	Time	Fee

2. PARTICIPANTS Surname (if different than the family information)		First Name		Birthdate MM / DD / YY	Sex M/F
Activity Code	Activity Name	Location	Day & Start Date	Time	Fee
Activity Code	Activity Name	Location	Day & Start Date	Time	Fee

3. PARTICIPANTS Surname (if different than the family information)		First Name		Birthdate MM / DD / YY	Sex M/F
Activity Code	Activity Name	Location	Day & Start Date	Time	Fee
Activity Code	Activity Name	Location	Day & Start Date	Time	Fee

TOTAL CHARGED \$

MEDICAL INFORMATION

Family Medical Information Does any participant listed on this form have special needs, medical conditions or allergies you would like us to know about? Yes No If yes, Please read information below.

Name of Participant: 1.	Special Needs/ Medical Conditions/ Allergies/ Medication (Please specify if EpiPen is required): 2.
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PHOTOGRAPH RELEASE

Check box if you **DO NOT** give permission for the Town of Newmarket to take photographs of my child/myself during this program session for use in future promotional materials.

IMPORTANT - READ BEFORE SIGNING: I hereby release, waive and forever discharge the Corporation of the Town of Newmarket, it's employees, agents and contractors from all claims, demands, actions, causes of actions, damages, costs and expenses of any kind in respect of death, injury, loss or damage to my person, or to person(s) who, in law you are responsible for or to my property, howsoever caused, arising or to arise by reason of my participation or person(s) who, in law you are responsible for. Participation in any program in any location where the program is held. By signing this form I acknowledge having read, understood and agree to this waiver and release. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary. Where children are involved, attempts will be made to contact named parent, guardian or emergency contact first. The participant is responsible for his/her own medical coverage.

PRINT NAME (if over 18 yrs of age)

SIGNATURE (if over 18 years of age)

METHOD OF PAYMENT

Cash Cheque -Payable to the Town of Newmarket Money on Account Mastercard Visa American Express

Card # _____ Expiry Date: __ / __ Amount to be charged \$: _____

Card Holder Name: _____ Signature: _____

Office Use Only: Cash/Cheque Amt \$ _____ Process Date: _____ Clerk: _____