

Municipality of Arran Elderslie Program Registration Form

Box 70, Chesley, ON N0G 1L0

Phone: 363-3039

e-mail: programs@arran-elderslie.ca



Location: Chesley or Tara	Swim Level/Program Name:	Session:		Time:
		1		
		2		
		3		
		4		

PARTICIPANT INFORMATION

Last Name:		First Name:		DOB:
Residential Address:		PO Box	Phone Number:	
Mailing Address:		Town:	Postal Code:	
Doctor:		Health Card #:		

Allergies: Health concerns: Medications:

FOR CHILD REGISTRATION ONLY

Guardian 1	Name:	<u>e-mail:</u>		
Home Phone:		Work Phone:		Cell Phone:
Address:		Town:	Postal Code:	
Guardian 2	Name:			
Home Phone:		Work Phone:		Cell Phone:
Address:		Town:	Postal Code:	

Any other information we should know:

ALTERNATE EMERGENCY CONTACT (other than guardian)

Name:	Phone:
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PHOTO RELEASE (Please initial)

I agree that The Municipality of Arran Elderslie may use photographs of me, my children, and/or my property with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Please initial YES or NO

ACCIDENT RELEASE AND SIGNATURE

Accident Release: I hereby declare that I will NOT hold the coaches, instructors or the Municipality of Arran Elderslie Recreation Department responsible for any accident that might occur during my or this child's participation in this program.

Signature:	Date:
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