



Alison Neighbourhood
Community Centre

Alison Neighbourhood Community Centre Program Registration Form

PARENT/GUARDIAN CONTACT INFORMATION

First Name		Last Name	
Address		City	Postal Code
Home Phone #	Cell Phone #	Business Phone #	Day time #
E-mail Address:		Please e-mail updates and newsletters about similar programs <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARTICIPANT INFORMATION

Participant #1	Participant #2	Participant #3
First Name	First Name	First Name
Last Name	Last Name	Last Name
Date of Birth <input type="checkbox"/> male <input type="checkbox"/> female ____ \ ____ \ ____ month day year Grade ____	Date of Birth <input type="checkbox"/> male <input type="checkbox"/> female ____ \ ____ \ ____ month day year Grade ____	Date of Birth <input type="checkbox"/> male <input type="checkbox"/> female ____ \ ____ \ ____ month day year Grade ____
Special Needs / Medical Information	Special Needs / Medical Information	Special Needs / Medical Information
Program(s)	Program(s)	Program(s)
1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>

PAYMENT INFORMATION

Total Registration Fee: \$ Cheque Cash Subsidy

1. Authorization And Release

I, as parent or guardian of the above-named participant, do hereby release from all liability Alison Neighbourhood Community Centre, including all volunteers working on behalf of the said association and their employees and representatives for any injuries, illnesses, or other mishap that may be incurred by the above-named participant(s) in the program registered, except where the damage or injury is caused by the negligence of Alison Neighbourhood Community Centre or its officers, employees, agents, and volunteers acting within the scope of their duties. In the event the participant should be injured or become ill, I authorize any medical treatment that may be required and will assume full financial responsibility for said treatment.

2. Permission Form

I hereby give my child permission to travel off-site to activities and events with the staff and volunteers on the above terms. Prior notice / schedules of activities will be given. In addition, I authorize that I/my child may be photographed for public relations materials.

AUTHORIZATION AND RELEASE

Signature:	Date:
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