



PROGRAM/AQUATIC REGISTRATION FORM

When completing this form, be sure to add applicable taxes

ADULT/PARENT/GUARDIAN'S Surname		First Name		Birthdate MM/DD/YYYY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Apt/Unit#	Phone #		Postal Code	
Town		E-Mail <input type="checkbox"/> Yes <input type="checkbox"/> No to updates sent via email			
SPECIAL CONSIDERATIONS/ACCESSIBILITY If there is information that staff should be aware of to ensure the participant's success /enjoyment please use the space provided below to give the town details or call 905-953-5300 ext 2710.		EMERGENCY CONTACT Surname		First Name	Daytime Phone # Evening 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/YYYY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Choice And/Or	Activity Code	Activity Name	Location	Day & Start Date	Time	Fee
	Activity Code	Activity Name	Location	Day & Start Date	Time	Fee

Special Considerations/Accessibility

2. PARTICIPANTS Surname (if different than the family information)		First Name		Birthdate MM/DD/YYYY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Choice And/Or	Activity Code	Activity Name	Location	Day & Start Date	Time	Fee
	Activity Code	Activity Name	Location	Day & Start Date	Time	Fee

Special Considerations/Accessibility

3. PARTICIPANTS Surname (if different than the family information)		First Name		Birthdate MM/DD/YYYY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Choice And/Or	Activity Code	Activity Name	Location	Day & Start Date	Time	Fee
	Activity Code	Activity Name	Location	Day & Start Date	Time	Fee

Special Considerations/Accessibility

IMPORTANT - READ BEFORE SIGNING: I hereby release, waive and forever discharge the Corporation of the Town of Newmarket, its 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 my child or to my property, howsoever caused, arising or to arise by reason of my participation or my child's participation in any program in any location where the program is held. By signing this form, I acknowledge having read, understood and agreed 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 years of age)

SIGNATURE (if over 18 years of age)

METHOD OF PAYMENT – (SORRY NO POST-DATED CHEQUES)

Cash Debit Cheque (payable to the *Town of Newmarket*) MasterCard Visa Amex Credit on Acct. _____

Card # _____ Expiry Date ____ / ____

Amount \$ _____ Card Holder Name (please print) _____