



# 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, 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 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) \_\_\_\_\_



# SUMMER CAMP 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 any information that staff should be aware of to ensure the participant(s) success please use the space provided below.		EMERGENCY CONTACT Surname		First Name	Daytime Phone # Evening Phone #

### PARTICIPANT INFORMATION – To be used for only 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
Special Considerations/Accessibility			

### SUMMER CAMP

	Name	Code	Cost	Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N	EC Cost \$28	Total
July 3 – July 6	Name	Code		Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N	EC Cost \$35	Total
July 9 – July 13	Name	Code		Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N	EC Cost \$35	Total
July 16 – July 20	Name	Code		Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N	EC Cost \$35	Total
July 23 – July 27	Name	Code		Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N	EC Cost \$35	Total
July 30 – August 3	Name	Code		Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N	EC Cost \$35	Total
August 7 – August 10	Name	Code		Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N	EC Cost \$28	Total
August 13 – August 17	Name	Code		Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N	EC Cost \$35	Total
August 20 – August 24	Name	Code		Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N	EC Cost \$35	Total
August 27 – August 31	Name	Code		Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N	EC Cost \$35	Total

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 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) \_\_\_\_\_