

REGISTRATION FORM

name _____

phone _____

cell _____

email _____

In Case of Emergency Information



name of contact & relationship _____

phone _____

sample

Code	Program Name	Day	Sess	Time	Location	Fee
10356	Pickleball	Tues	3	10:00am	scw	\$64
Total						

MEDICAL RELEASE

for exercise, fitness & sports

I have read the descriptions of the Seniors Association exercise, fitness, and sport programs for which I am registering. I acknowledge that I have been advised to consult with my doctor about my participation in these classes.

signature

date

Doctor's signature NOT required.

PAYMENT (Please circle method.)

Credit Card Cheque Cash

credit card # _____

expiry date _____

(Separate cheque per person, per program, per session for registration in advance)

OFFICE USE ONLY		
	Date	Init
Processed		
Checked		