

# 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
11284	Pickleball	Mon	2	12 noon	scw	\$66
<b>Total</b>						

## 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 \_\_ \_\_ / \_\_ \_\_      C V V \_\_ \_\_ \_\_

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

OFFICE USE ONLY		
	Date	Init
Processed		
Checked		