

# REGISTRATION FORM

name \_\_\_\_\_

phone \_\_\_\_\_

cell \_\_\_\_\_

email \_\_\_\_\_

## In Case of Emergency Information



name of contact & relationship

phone \_\_\_\_\_

Code	Program Name	Day	Sess	Time	Location	Fee
11656	Roll for Relief	Thurs	3	9:30am	scw	\$57
						<b>Total</b>

sample

## 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		