REGISTRATION FORM

Masks are required inside any of our locations.

name _____

phone _____

cell _____

email _____

In Case of Emergency Information

ICE

name of contact & relationship

_____

phone _____

sample

Code	Program Name	Day	Sess	Time	Location	Fee
123456	Tilt-a-Whirl	Mon	2	12 noon	scw	$99
					Total	

If I have a credit on my account, I would like to donate it to the Seniors Association in exchange for a tax receipt. ☐ _____ initial

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 # Call with credit card. DO NOT email

expiry date __ __ / __ __ CVV __ __ __

DO NOT email credit card information.

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

OFFICE USE ONLY

	Date	Init
Processed		
Checked		

SENIORS ASSOCIATION KINGSTON REGION