

# REGISTRATION FORM



ALL participants must wear a face mask while inside ANY of our locations unless notified otherwise.

name \_\_\_\_\_

phone \_\_\_\_\_

cell \_\_\_\_\_

email \_\_\_\_\_

## In Case of Emergency Information



name of contact & relationship \_\_\_\_\_

phone \_\_\_\_\_

Code	Program Name	Day	Sess	Time	Location	Fee
123456	Tilt-a-Whirl	Fri	3	12 noon	scn	\$99
<b>Total</b>						

sample

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 # \_\_\_\_\_

expiry date \_\_ \_\_ / \_\_ \_\_      C V V \_\_ \_\_ \_\_

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		