PART A: Family Information – please print clearly

Adult/Parent/Guardian's Family Name	First Name	Sex M/F

Family Address	Apt/Unit #	Home Phone #

City	Postal Code	Email

Guardian's Name	Bus. Phone #	Cell Phone #	Permission to pick up: ☐ Yes ☐ No

Is this your first time registering with us? ☐

Family Medical/Special Needs Information

To best serve the needs of participants, we require the following information to be complete for all participants with medical or special needs.

1. Allergies ☐ 2. ADD/ADHD ☐ 3. Behavioural Conditions ☐ 4. Physical/Developmental Impairment ☐ 5. Other Special Conditions ☐ Specify:_____

If any of the above have been (✓) please complete the appropriate section(s) on the Participant Medical/Special Needs Profile Page 6.

PART B: Emergency Information

Alternative Contact Name	Permission to pick up: ☐ Yes ☐ No

Phone #	Cell #	Relationship

PART C: Participant Information Can be used for more than 1 family member / IF PROGRAM IS FULL APPLICANT WILL BE WAITLISTED

1. PARTICIPANT'S Family Name	First Name	Birth Date M/D/Y (If under 18 years of age)	Sex M/F

Course Barcode #	Activity Name	Location	Day & Start Date	Time	Fee

2. PARTICIPANT'S Family Name	First Name	Birth Date M/D/Y (If under 18 years of age)	Sex M/F

Course Barcode #	Activity Name	Location	Day & Start Date	Time	Fee

FOR SUMMER PROGRAMS USE ONLY

For bus and extended day care codes see details in the Camp section

If busing is included in your program fee please insert the appropriate codes

BUS ROUTE: _____ BUS STOP: _____

If Extended Day Care is required please insert the appropriate codes

BARCODE: _____ FEE: _____

PART D Waiver

In consideration of the City permitting me or any dependant registrants listed on this registration form ("Dependant Registrants") to participate in activities of its Community Services Department, I hereby:

a) Certify and represent that I have legal authority to authorize medical care and consent for the Dependant Registrants;

b) Authorize the City of Brampton to provide such medical care to me and all Dependant Registrants as the City may deem necessary in the event of injury, and I agree to pay for all expenses incurred by the City in the provision of such medical care; and

c) Agree to release, indemnify and save harmless the City from and against all claims, proceedings and/or actions in respect of any costs, losses, damage or injury arising by reason of my or the Dependant Registrants' participation in any activities offered by the City of Brampton's Community Services Department, or by reason of the provision of medical care by the City to me or the Dependant Registrants.

Parent/Guardian's Signature: _____

Date: _____

PART E Method of Payment

☐ Cash ☐ Money Order ☐ MasterCard ☐ Visa ☐ Amex

Card #:

Expiry Date

Program Fees Due

Non-Residents add 25% per person, per program
maximum $50/person/Family Discount deduct 10% see page 3

Amount to be charged $

Card Holder Name (please print): _____

Signature: _____

The personal information on this form is collected under the authority of the Municipal Act, SO 2001, c.25, and will be used for the purpose of registering and confirming participation in a recreation program and if required, seeking medical assistance for the participant. Questions about the collection of personal information should be directed to the City of Brampton, Community Services Department at 905-874-2300.