

QUESTIONS:

REGISTRATIONS:

Online at www.brampton.ca By phone at 905-874-3388

In person at Registration Locations

A: FAMILY INF	ORMATION (Participa	nt's with medical ai	ilments or spec	cial needs, als	o need to submit	a Participant Pr	ofile – Medic	al/Additional Inform	ation form)
Do you have an exis	Has your address, phone number, or email changed? YES					s No			
ADULT'S LAST NAME ADULT'S FIRST NAME								SEX (M/F)	
ADDRESS					CITY POSTAL CODE				
HOME PHONE # ALT PHONE #					EMAIL				
EMERGENCY CONTACT LAST NAME		EMERGENCY CONTACT FIRST NAME			PHONE #			RELATIONSHIP	
B: PARTICIPANT INFORMATION (birth date must be noted if under 18 years of age OR if participant wants to enroll in age specific programming)									
LAST NAME FIRST NAME FIRST NAME				BIRTH DATE				H DATE	SEX (M/F)
Course Course		Locatio		on	Date	Time	Course Fee	Extd. Day Care Fee	Fee
						:	\$	\$	\$
						:	\$	\$	\$
							\$	\$	\$
						:	\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
						:	\$	\$	\$
						:	\$	\$	\$
If busing is included in your program, please identify the followin					BUS ROUTE	BUS STOP			
Sacring to moraded in your program, prease rectary the following.									
C: WAIVER									
I 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.									
Adult/Parent/Guardian's Signature Date									
D: PAYMENT									
PAYMENT TYPE: Cash Cheque Amex VISA MasterCard ** Prepaid Cards cannot be used. **									
CREDIT CARD #					EXPIRY DATE TOTAL FEES			\$	
				r	m m y			per person, per aximum of \$100)	\$
CARDHOLDER SIGNATURE					/ dd / yy		TOTAL AMOUNT DUE \$		