BRAMPTON Flower City
brampton.ca

QUESTIONS:
Express Support at 905-874-3399
General Inquiries at 3-1-1

REGISTRATIONS:
Online at www.brampton.ca **By phone** at 905-874-3388
In person at Registration Locations

A: FAMILY INFORMATION (participant's with medical ailments or special needs, also need to submit a *Participant Profile – Medical/Additional Information* form)

Do you have an existing Family Account? ◯ ◯ | Has your address, phone number, or email changed? ◯ ◯

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	BIRTH DATE	SEX (M / F)
		mm / dd / yy	

Course Barcode	Course	Location	Date	Time	Course Fee	Extd. Day Care Fee	Fee
					$	$	$ 0.00
					$	$	$ 0.00
					$	$	$ 0.00
					$	$	$ 0.00
					$	$	$ 0.00
					$	$	$ 0.00
					$	$	$ 0.00
					$	$	$ 0.00
					$	$	$ 0.00

If busing is included in your program, please identify the following:	BUS ROUTE	BUS STOP

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
	m m y y
CARDHOLDER SIGNATURE	DATE mm / dd / yy

TOTAL FEES	$ 0.00
Non-Residents add 25% per person, per program *(up to a maximum of $100)*	$
TOTAL AMOUNT DUE	**$** 0.00

The personal information on this form is collected under authority of the Municipal Act SO 2001, c. 25. The information will be used to communicate with you regarding program administration and incidents requiring medical assistance. Questions about the collection of personal information should be directed to the Policy Advisor, Public Services, Business Services Office, 2 Wellington St W, Brampton, ON, L6Y 4R2, 905.874.2705. Please review the City's Privacy Statement for more information.

Date revised: 11/20/18