

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?	Yes	No	Has your address, phone number, or email changed?	Yes	No
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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
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B: PARTICIPANT INFORMATION (birth date must be noted if under 18 years of age **OR** if participant wants to enroll in age specific programming)

1	LAST NAME		FIRST NAME			BIRTH DATE mm / dd / yy	SEX (M / F)
COURSE BARCODE	COURSE	LOCATION	DAY	START DATE	TIME	FEE \$	
COURSE BARCODE	COURSE	LOCATION	DAY	START DATE	TIME	FEE \$	

2	LAST NAME		FIRST NAME			BIRTH DATE mm / dd / yy	SEX (M / F)
COURSE BARCODE	COURSE	LOCATION	DAY	START DATE	TIME	FEE \$	
COURSE BARCODE	COURSE	LOCATION	DAY	START DATE	TIME	FEE \$	

3	LAST NAME		FIRST NAME			BIRTH DATE mm / dd / yy	SEX (M / F)
COURSE BARCODE	COURSE	LOCATION	DAY	START DATE	TIME	FEE \$	
COURSE BARCODE	COURSE	LOCATION	DAY	START DATE	TIME	FEE \$	

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