BRAMPTON Flower City
brampton.ca

SENIORS CENTRE REGISTRATION FORM

QUESTIONS:
General Inquiries at 3-1-1

REGISTRATIONS:
Online at www.brampton.ca **By phone** at 3-1-1
In person at Registration Locations

A: FAMILY INFORMATION

Do you have an existing Family Account? ◯ YES ◯ NO	Has your address, phone number, or email changed? ◯ YES ◯ NO

LAST NAME	FIRST NAME	SEX (M / F)

ADDRESS	BIRTH DATE
	mm / dd / yy

CITY	POSTAL CODE	EMAIL

HOME PHONE #	ALT PHONE #	MEMBERSHIP #

EMERGENCY CONTACT LAST NAME	EMERGENCY CONTACT FIRST NAME	PHONE #	RELATIONSHIP

B: PARTICIPANT INFORMATION

COURSE BARCODE	ACTIVITY NAME	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.

Participant'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	**$**

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 Recreation Supervisor, Administrative Services; Community Services; Recreation; 2 Wellington St W; Brampton; ON; L6Y 4R2; 905.874.2705. Please review the City's Privacy Statement for more information.

Date revised: 2019/03/13