

**FAMILY INFORMATION** (please print clearly)

Adult/Guardian's Family Name		Adult's First Name	Birthdate M/D/Y	Sex M/F
Family Address		Apt. #	City/Town	Postal Code
Home Phone # ( )		Business # ( ) Ext. _____		Your Ward #

**GENERAL RELEASE - registrations will not be processed without a signature.**

In consideration of permission to use the property, facilities, staff, equipment and services of the Corporation of the City of Burlington, I, on behalf of myself, my heirs, personal representatives, or assigns, or as the legal guardian of the minor registrant, **do hereby release, indemnify and save harmless, waive, and forever discharge** the City of Burlington its directors, officers, employees, volunteers and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment. I further authorize the City of Burlington to obtain any medical care deemed necessary in the event of an injury and agree to pay for any resulting medical expenses. By signing this form, I acknowledge having read, understood and agreed to this waiver, release and indemnity.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**FAMILY MEDICAL INFORMATION** Please list any medical information i.e.: allergies, medications, special needs etc. Indicate participant's name.

**ADDITIONAL INFORMATION** Please check one of the following:

I am indicating my 1st., 2nd., and 3rd. program choices **OR**  I wish to be registered in **ALL** of the programs listed below.

<b>1. PARTICIPANT'S FAMILY NAME</b> First Name				Birthdate M/D/Y	Sex M/F	
1st CHOICE	TTR#	Course Name	Location	Start Date M/D/Y	Start Time	Fee
2nd CHOICE	TTR#	Course Name	Location	Start Date M/D/Y	Start Time	Fee
3rd CHOICE	TTR#	Course Name	Location	Start Date M/D/Y	Start Time	Fee
<b>2. PARTICIPANT'S FAMILY NAME</b> First Name				Birthdate M/D/Y	Sex M/F	
1st CHOICE	TTR#	Course Name	Location	Start Date M/D/Y	Start Time	Fee
2nd CHOICE	TTR#	Course Name	Location	Start Date M/D/Y	Start Time	Fee
3rd CHOICE	TTR#	Course Name	Location	Start Date M/D/Y	Start Time	Fee
<b>3. PARTICIPANT'S FAMILY NAME</b> First Name				Birthdate M/D/Y	Sex M/F	
1st CHOICE	TTR#	Course Name	Location	Start Date M/D/Y	Start Time	Fee
2nd CHOICE	TTR#	Course Name	Location	Start Date M/D/Y	Start Time	Fee
3rd CHOICE	TTR#	Course Name	Location	Start Date M/D/Y	Start Time	Fee

**Method of Payment**

- CASH       CHEQUES - Payable to the City of Burlington  
 MASTERCARD      (We recommend separate cheques per program)  
 VISA       AMEX      TOTAL AMOUNT \$ \_\_\_\_\_

Card No.

Expiry Date

Card Holder Name (please print) \_\_\_\_\_

Signature (not valid unless signed) \_\_\_\_\_

- If program is full please add applicant to wait list?  
 YES       NO
- Are you a new applicant?  
 YES       NO
- Has your address changed since you last registered?  
 YES       NO
- **Non-residents please add an additional \$8.56 per program and applicant.**

Personal information contained on this form is collected under the authority of the Municipal Act, R.S.O. 1990, C.M.56 and will be used to facilitate registration for community programs and to produce statistical reports. Questions about this collection should be directed to: Supervisor of Administration, 426 Brant Street, Burlington, Ontario L7R 3Z6 905-335-7725

PLEASE SUBMIT ENTIRE FORM (DO NOT CUT)

**TRY RecExpress ... log on to: [www.burlington.ca](http://www.burlington.ca) or dial: 905-335-3131**