

Registration Form: Aquatics, Fitness, Recreation Programs

Family Information			
phone number	email	I would like to receive email updates regarding programs, events, and services <input type="radio"/> yes <input type="radio"/> no	
address	unit/apt.	city	postal code
parent/guardian name	birth date	cell phone number	Have you changed address? <input type="radio"/> yes <input type="radio"/> no
parent/guardian name	birth date	cell phone number	Have you changed address? <input type="radio"/> yes <input type="radio"/> no

Participant 1					
last name	first name	birth date (M) _____ (D) _____ (Y) _____	gender		
Program Name / Swim Level	Location	Day	Time	Activity #	Fee
1st Choice					
2nd Choice					
special needs/ allergies	Is there a special need or allergy (including peanut) our programmers should be aware of? Please provide details:				

Participant 2					
last name	first name	birth date (M) _____ (D) _____ (Y) _____	gender		
Program Name / Swim Level	Location	Day	Time	Activity #	Fee
1st Choice					
2nd Choice					
special needs/ allergies	Is there a special need or allergy (including peanut) our programmers should be aware of? Please provide details:				

Payment	
<input type="radio"/> debit <input type="radio"/> cheque payable to: City of Pickering	
Visa / MasterCard [][][][] [][][][] [][][][] [][][][] expiry date [][] [][] amount to charge \$ _____ card holder name _____ signature _____	I hereby release the City of Pickering from all claims arising from any accidents or injury which are caused by or arise from participation of the applicant named above during any program, or in any facility or at any location where the program is being held. signature _____

How are you going to register today?

Online at pickering.ca/active

Fax with a credit card number to 905.831.9370

Drop-off, Mail, or In Person: Chestnut Hill Developments Recreation Complex (1867 Valley Farm Road)

