



Municipality of North Perth Parks & Recreation Department

REGISTRATION FORM

PART A: FAMILY INFORMATION – Please print clearly

ADULT/PARENT/GUARDIAN'S Family Name		First Name	Birthdate D ___ M ___ Y ___	Sex: M or F
Family Address			City/Town	Postal Code
Home Phone () () ()		E-mail		
Female Guardian's Name and Business or Cell # () ()		Male Guardian's Name and Business or Cell # () ()		
Emergency Contact Name () ()		Emergency Contact Phone () ()		
Are you a new applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you changed phone number and/or address since your last registration? <input type="checkbox"/> YES <input type="checkbox"/> NO		

FAMILY MEDICAL INFORMATION Is there any medical information or special needs you would like us to know about? **Indicate participant's name.**

PART B: PARTICIPANT INFORMATION – Can be used for more than 1 family member ***IF PROGRAM IS FULL, APPLICANT WILL BE WAITLISTED**

1. PARTICIPANT'S Family Name		First Name	Birthdate D ___ M ___ Y ___	Sex: M or F
Program Name	Location	Session Date	Time	Fee
Program Name	Location	Session Date	Time	Fee
2. PARTICIPANT'S Family Name		First Name	Birthdate D ___ M ___ Y ___	Sex: M or F
Program Name	Location	Session Date	Time	Fee
Program Name	Location	Session Date	Time	Fee
3. PARTICIPANT'S Family Name		First Name	Birthdate D ___ M ___ Y ___	Sex: M or F
Program Name	Location	Session Date	Time	Fee
Program Name	Location	Session Date	Time	Fee

<p>In accordance with the new legislation, the Municipality of North Perth Parks & Recreation wishes to inform all registrants that the information that is gathered is stored in the Municipal office and storage area. The information is shared with our Municipal staff and/or contracted instructors for the purpose of emergency, health and safety information. The information is also being used to inform the registrants of any future programs similar to those registered for. Registrant information is stored for 5 years before being destroyed.</p>	TO REGISTER*:					
	<p>Mail form with payment to: 330 Wallace Avenue North, Listowel, ON N4W 1L Drop off form with payment to the Municipal Building 330 Wallace Ave N. 2nd Floor, Listowel Fax form to 519-291-5611 (payment must be received within 48 hours of fax) Call 519-292-2054 or 519-292-2056 (Payment must be received within 48 hours of call) *PLEASE NOTE: YOU ARE NOT CONSIDERED REGISTERED UNTIL PAYMENT HAS BEEN RECEIVED.</p>					
	OFFICE USE ONLY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Total Amount \$</td> <td></td> </tr> <tr> <td>Payment Method</td> <td></td> </tr> </table>	Total Amount \$		Payment Method	
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