

REGISTRATION *form*

name _____

phone _____

email _____

program _____

program code _____

day _____ time _____

location _____ cost _____

program _____

program code _____

day _____ time _____

location _____ cost _____

program _____

program code _____

day _____ time _____

location _____ cost _____

program _____

program code _____

day _____ time _____

location _____ cost _____

program _____

program code _____

day _____ time _____

location _____ cost _____

program _____

day _____ time _____

location _____ cost _____

In Case of Emergency Information

Required for ALL registrants

name of contact & relationship _____

phone _____

email _____



MEDICAL RELEASE

for exercise, fitness & sports

I have read the descriptions of the Seniors Association exercise, fitness, and sport programs for which I am registering. I acknowledge that I have been advised to consult with my doctor about my participation in these classes.

signature

date

Doctor's signature NOT required.

PAYMENT (Please circle method.)

Credit Card

Cheque

Cash

credit card # _____

expiry date ____ / ____ C V V ____

(Separate cheque per person, per program, per session for registration in advance)

If I have a credit on my account, I would like to donate it to the Seniors Association in exchange for a tax receipt.

☐ _____
initial

OFFICE USE ONLY

Date

Init

Processed		
Checked		

☐ SESSION 1

☐ SESSION 2