



# LEISURE PROGRAM REGISTRATION FORM

ALL AQUATICS PROGRAMS  
MUST BE REGISTERED  
DIRECTLY WITH THE POOL.

Participants First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Box # \_\_\_\_\_  
Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Age of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_  
Health Concerns: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

1. Program Entered: \_\_\_\_\_ Start Date \_\_\_\_\_ Fee: \_\_\_\_\_  
2. Program Entered: \_\_\_\_\_ Start Date \_\_\_\_\_ Fee: \_\_\_\_\_  
3. Program Entered: \_\_\_\_\_ Start Date \_\_\_\_\_ Fee: \_\_\_\_\_

(make cheques payable to Town of Georgina) TOTAL: \_\_\_\_\_

**IMPORTANT – READ BEFORE SIGNING:** I hereby release, waive and forever discharge the Corporation of the Town of Georgina, York Region Neighborhood Services Inc., its employees, agents and contractors from all claims, demands, actions, causes of action, damages, costs and expenses of any kind in respect of death, injury, loss or damage to my person, or to my child or to my property, howsoever caused, arising or to arise by reason of my participation or my child's participation in any program in any location where the program is held. By signing this form, I acknowledge having read, understand and agreed to this waiver and release. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary. Where children are involved, attempts will be made to contact named parent, guardian or emergency contact first. The participant is responsible for his/her own medical coverage.

Participants Signature \_\_\_\_\_ (Parent/Guardian – if participant is under 18yrs)

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO REGISTER CONTACT:

Leisure Services Dept.  
26557 Civic Centre Rd.  
Keswick  
905-476-4301 ext. 240

Georgina Gym  
90 Wexford Rd.  
Keswick  
905-989-0896

Georgina Multi-Use  
5279 Black River Rd.  
Sutton  
905-722-1429