



1503 Sandy Beach Rd. Pickering, Ontario L1W 1Z5
 phone 905-839-5260
 fax 905-839-5514

RECREATIONAL REGISTRATION FORM

Participants Name:	Birth date: DD/MM/YYYY	Sex: ___ M ___ F
Street Address:	Home Phone #:	
City:	Postal Code:	
Home E-mail address:	Health Card Number (optional):	

Parent/Guardians Name:	Home # _____ Work # _____ Cell # _____ Page # _____
Parent/Guardian Name:	Home # _____ Work # _____ Cell # _____ Page # _____
Emergency Contact Name	Phone # _____
Relationship to Child	Cell # _____

MEDICAL RECORD: Does the child have any history of allergies, asthma, bone/joint injury, hearing/vision impairment, or any other physical disability? If yes, please explain. _____

Has your child been previously registered with the PAC? _____ How did you find out about the Pickering Athletic Centre? _____
 If so, when was the last session (year)? _____ Last CANGYM Level badge COMPLETED _____

Amateur Athletic Waiver

In consideration of being allowed to participate at Pickering Athletic Centre with regards to athletic/sports program, related events and activities, the undersigned individual acknowledges, appreciates and agrees that:

As in any sport he possibility of injury exists and while particular rules, equipment and personal discipline my reduce the risk, the risk of injury does exist.

 (Signature of Parent)

 (Date)

Permission to Release Information:

(such as an athlete's photograph, in a video, information for local newspaper, promotional purposes, etc)

 (Signature of Parent)

 (Date)

Reg. Date	Class Name	Day	Time	Fee	
				Registration	\$
				First Month	\$
				Last Month	\$
Fees are Due on the First day of each month. Late fee of \$10.00 will be charged on overdue payments. A fee of \$10.00 will apply for request to change classes. Last month can be any month of your choice, providing you advise our office in writing no later than 10 days before the first day of your last month. (40 days notice) Late pick up or early drop off will result in a \$1.00 /minute charge. I have read and understand the Financial Obligation and the Club's Policies. See brochure for full details. Signature: _____ Date: _____ Registered by: _____				Sub-Total	\$
				TAX	\$
				TOTAL	\$
				Monthly/Full Year Payments	\$
Method of Payment VISA M/C DEBIT CASH CHEQUE Date of Payment:					