



1050 Squires Beach Road, Pickering, ON L1W-3N8  
P: 905-683-7890

**RECREATIONAL REGISTRATION FORM**

Child's 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 may 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	\$
<b>I have read and understand the Financial Obligation and the Club's Policies.</b> See brochure for full details.  Signature: _____ Date: _____  Registered by: _____				<b>Sub-Total</b>	\$
				G.S.T.	\$
				<b>TOTAL</b>	\$
<b>Method of Payment</b> VISA M/C DEBIT CASH CHEQUE <b>Date of Payment:</b>				<b>Monthly/Full Year Payments</b>	\$