



**Recreation Department**

613 433-3303  
1005 Castleford Rd  
Renfrew, ON K7V 3Z8

**Municipal Office**

613 432-6271  
2253 Johnston Rd  
Renfrew, ON K7V 3Z8  
Fax: 613 432-7298

**PROGRAM REGISTRATION FORM**

**PROGRAM INFORMATION- FOR OFFICE USE ONLY**

Name of Program:	Start Date:
Program Cost:	Location:

**PARTICIPANT INFORMATION**

**CHILD**

**YOUTH**

**ADULT**

Last Name:	First Name:
Date of Birth:	Health Card Number:
Civic Address:	Home Phone:
Town:	Cell Phone:
Postal Code:	Work Phone:
Name of Parent or Legal Guardian:	Email Address:

**EMERGENCY INFORMATION**

Alternate Contact Name:	Home Phone:
Relationship to the Child:	Work Phone:

**PAYMENT INFORMATION**

Payment Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Debit	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Amount Paid:	Date Paid:		Employee Initial:		

**PARTICIPANT RELEASE**

I understand that there are risks involved in any activity or program and I acknowledge that my choice to participate or register myself or my minor children in the above mentioned activity or program brings with it the assumption by me of those risks. I am aware of no physical or other reason why the above named person should not participate in this program. I do hereby release the Township of Horton and its employees and agents, from any claim whatsoever arising from my participation or my child's participation in any program or in any facility or location where the program is held. I also give permission to the Township of Horton to use any photographs taken of my minor child (ren) participating in the above program for the purpose of program promotion.

\_\_\_\_\_  
Signature of Participant, Parent or Legal Guardian

\_\_\_\_\_  
Date