



www.springwater.ca
2231 Nursery Road
Minesing, Ontario
L0L 1Y2 Canada

Phone: 705-728-4784 Fax: 705-728-2759

PARTICIPANT #1 Information:

First Name: Last Name:
Health Card #: (Optional) Birth date: Age:
Program Name & Location:
1. \$
2. \$

PARTICIPANT #2 Information:

First Name: Last Name:
Health Card #: (Optional) Birth date: Age:
Program Name & Location:
1. \$
2. \$

Home Phone: Cell Phone: Alternate Phone:
Address: Unit #:
Town: Postal Code: Email:

Emergency Contact Name: Relationship:
Contact Phone: Cell Phone:

IMPORTANT CANCELLATION INFORMATION

Cancellations by Participant/Applicant: A \$20 administration fee is applicable for any cancellations.
*No refunds will be made unless at least 14 days cancellation notice is given prior to the start date of the program/course to the Recreation, Parks & Properties Department.
*Programs with insufficient registration will be cancelled at the discretion of the Recreation, Parks & Properties Department - in the event a program is cancelled, full refunds will be mailed to participant.

DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS

Disclaimer: Information contained in this form is for the use of Springwater Township only and will not be made public. The participant, including his or her parents/guardians, in signing this registration form chooses to participate in this program at his or her own risk. The Township of Springwater accepts no liability for bodily injury, death or property damage, whether caused by negligence or by any other reason.

Release: The participant and his or her parents/guardians release the Township of Springwater including their elected official, employees and agents, from all claims for loss or damage of any kind connected in any way to participation in this program, whether caused by negligence or otherwise. The Person signing this form acknowledges having read and understands the disclaimer and release and having voluntarily signed to indicate acceptance of the terms above.

Photos are taken throughout the programming are often used (without names) for promotional purposes. If you do not wish to have your child's picture used for future promotions, please check this (do not use pictures of my child for promotions)

NSF Cheques: A \$12 fee will be charged to all NSF cheques issued for program registrations.

Return the completed form to the Township of Springwater by fax to 705-728-2759, to any of our library branches, or in person or by mail to 2231 Nursery Road, Minesing, ON L0L 1Y2 - ATTN: Registration - Recreation, Parks & Properties.

Parent / Guardian Signature: Date:

METHOD OF PAYMENT:
CHEQUE CASH VISA MC Total \$
Card# Expires
CARD HOLDER NAME: SIGNATURE:

Your personal information is being collected under the authority of the Municipal Act under section 8(1). Your personal information is necessary for the safety and well being of the participant. The use of your personal information will be restricted to the purposes described or for any consistent purpose. If you have any questions please contact the Clerk for the Township of Springwater, 2231 Nursery Rd., Minesing, ON, L0L 1Y2, 705-728-4784.