



# Registration - Children & Youth

Town of Milton, Community Services Department, Fax 905-864-3222

## Part A: Participant Information

Please print clearly

Adult/Parent/Guardian name

|   |                                |   |  |
|---|--------------------------------|---|--|
| Participant last name                   | Participant first name         | Birthdate<br>M/ D/ Y/   | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Address                                 | City/Town                      | Apt/Unit  | Postal code  |
| Home phone<br>( )                       | Email                          | Permission to be photographed by media or Town of Milton for newspaper, website and Community Services Guide:<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Will your child walk home on his/her own? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Proof of age shown? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Person(s) to release child to: _____<br>Person(s) NOT to release child to: _____ |  |
| Mother's business phone<br>( )          | Mother's cell phone<br>( )     |   |  |
| Father's business phone<br>( )          | Father's cell phone<br>( )     |   |  |
| Emergency contact name and relationship | Emergency contact phone<br>( ) |   |  |

## Part B: Health Information

Health card number

Does your child have special needs? Yes  No  Identify special needs: \_\_\_\_\_

Does your child require one-to-one support? Yes  No  **If yes, your completed registration will be forwarded to our Registrar for processing.**

Does your child suffer from life-threatening allergies? Yes  No  List specific allergies: \_\_\_\_\_

Does your child require any medications or an epi pen? Yes  No  List medications: \_\_\_\_\_

Additional information about child: \_\_\_\_\_

## Part C: Program Information

*\*Non-residents: add 10% per program to a maximum of \$12 extra per program per person (exception: extended care fees)*

| Program Name | Day | Time | Fee* | Course # | Swim Level (if applicable) |
|--------------|-----|------|------|----------|----------------------------|
|              |     |      |      |          |                            |
|              |     |      |      |          |                            |
|              |     |      |      |          |                            |
|              |     |      |      |          |                            |
|              |     |      |      |          |                            |
|              |     |      |      |          |                            |
|              |     |      |      |          |                            |
|              |     |      |      |          |                            |

## Part D: Method of Payment

- Cash                       Cheque (Payable to the Town of Milton)  
 Money on account    MasterCard    Visa    Debit

Card holder name \_\_\_\_\_

Card holder signature \_\_\_\_\_

Expiry Date \_\_\_ / \_\_\_ Amount to be charged \$ \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby release the Corporation of the Town of Milton from all claims for damages arising from any accident or injury which is caused by or arises from participation of the applicant hereon during any program or in any location where a program is being held.



Signature of participant or parent/guardian if under 18

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1980, chapter 302 (as amended) and will be used to assess registration for the Town of Milton, Community Services Department programs. Questions about this collection should be directed to the Director of Community Services, Town of Milton, 150 Mary Street, Milton, Ontario L9T 6Z5 Tel. 905-878-7252.