



Recreational Registration Form

Please print clearly

Child's Name: _____

Age: _____ Birthday: _____

Day/Month/Year

Address:

Street: _____

City: _____ Postal Code: _____

Telephone#: Home: ____ - ____ - ____

Work: ____ - ____ - ____

Cell: ____ - ____ - ____

Parent(s) Name: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Telephone #: _____

Any health conditions or previous injuries that we should be aware of?

Class Information

(Office Use Only)

Program: _____

Session	Day	Time	Total	Payment Type
Session I				
Session II				
Summer				

Parent Signature: _____ Date: _____

** Please note there will be a \$25.00 charge for all NSF Cheques*