



Recreational Registration Form

Please print clearly

Child's Name: _____

Age: _____ Birthday: _____
Day/Month/Year

Address: Street: _____

City: _____

Postal Code: _____

Telephone#: Home: _____
 Work: _____
 Cell: _____

Parent Name(s): _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Telephone #: _____

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

How did you hear about us?: Family/Friends _____ Internet _____ Magazine _____

Other (please specify) _____

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