



The personal information collected is subject to the Municipal Freedom of Information Act and the Personal Information Protection and Electronic Documents Act. Completion of this form constitutes consent by the applicant and/or user to these terms.

Program Registration Form

Main Contact Information			
Last Name	First Name	E-mail	
Address	Apt./Unit No.	City	Postal Code
Home Telephone	Business Telephone	Cell	
Emergency Contact Name	Relation	Telephone	

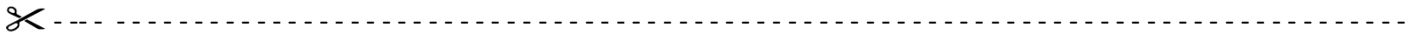
Participant 1			
<input type="checkbox"/> Same as Above			
Last Name (of Participant)	First Name	Birth Date	Sex
			M F
Program Name	Location	Fee	
1 st Choice			
AND OR			
AND OR			
Special Needs			
Medical Info (Medications / Allergies)			

Participant 2			
Last Name of Participant	First Name	Birth Date	Sex
			M F
Program Name	Location	Fee	
1 st Choice			
AND OR			
AND OR			
Special Needs			
Medical Info (Medications / Allergies)			

WAIVER MUST BE SIGNED TO BE REGISTERED & PARTICIPATE IN PROGRAMMING
 I hereby waive and forever discharge the City of Pembroke, its employees, agents, officers, volunteers and elected officials from all claims, damages costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where the program is being held. I acknowledge and agree that the City may use photographs of Recreation Service programs and the participants therein for promotional purposes. 50% cancellation fee will apply to all programs offered by the City of Pembroke's Recreation Dept.

Authorized Signature(s)

Date: _____



Method of Payment	Debit	Cash	Cheque	Credit Card
Total \$				
Cardholder Name	Please Print			
Credit Card Number	Program Type		Expiry	