

TOWNSHIP of RIDEAU LAKES 1439 County Road 8, Chantry, Ontario K0E 1G0
SUMMER'S SIZZLING PLAYGROUND PROGRAM: REGISTRATION FORM

(This form can be mailed or dropped off at the Township Offices in Chantry WITH APPROPRIATE REGISTRATION FEES)

PARTICIPANT(S) INFORMATION

Name _____ M ___ F ___ Age (4-12) _____

Name _____ M ___ F ___ Age (4-12) _____

Name _____ M ___ F ___ Age (4-12) _____

Address _____

_____ Postal Code _____

This program involves physical activity. Does your child have a health issue we should be made aware of? _____
If so, what is it, and is medication required? _____

Please identify if your child has any allergies: _____
If so, does your child require an EpiPen and where is it kept? _____

PARTICIPANTS UNDER THE AGE OF 18

Parent/Guardian _____
Home Phone _____ Work Phone _____
Email _____
Emergency Contact _____
Home Phone _____ Work Phone _____

PROGRAM INFORMATION

Please select which location your child will be attending and indicate which date(s) your child will attend:

Program Locations: Lombardy _____ Portland _____ Delta _____ North Crosby (Westport) _____ Newboro _____

Date(s) attending: _____

Refunds: Requests must be received at least 5 days prior to the start of the program. **No refund will be given after the program commences** except on a pro-rata basis for certified medical reasons. Cancellation fees: \$20.00 or 25% of the program fee, whichever is greater.

Waiver: By signing this registrations form, I understand that there are risks involved in participating in any activity or program and I acknowledge that my choice to participate or register myself or my children in the above mentioned activity or program brings with it the assumption by me of those risks. I am aware of no physical or other reason why the above named person should not participate in this program. I do hereby release the Township of Rideau Lakes and its employees and agents from any claim whatsoever arising from my participation or from my children's participation in any program as stated above, or in any facility or location where a program is held.

_____	_____
Signature of parent/guardian for photo permission	Date
Permission to Photograph/Video	
By signing this registration form, I give permission for the Township of Rideau Lakes to take pictures/videos of myself and/or family members that may be used in future publications AND/OR ON THE Townships web site for the purpose of promoting recreational activities, understanding that the person(s) photographed/videoed will not be identified by name.	

_____ Date _____

For Office Use Only: Registration Fees \$ _____ Paid by Cheque _____ Cash _____ Debit _____

Cheques or money orders are to be made payable to the **Township of Rideau Lakes**. An administrative fee will be charged for any returned cheques.