



Program Registration Form



Please complete registration form thoroughly. No participant shall be considered registered unless registration form is complete and payment is received. One registration form per participant

Participant Information:

PARTICIPANT'S NAME: _____

ADDRESS: _____

City _____ Postal Code _____ Home Phone Number _____

EMAIL: _____

DATE OF BIRTH: _____ Female Male
Day / Month / Year

Does the participant have any special needs or medical conditions that Staff should be aware of?

Emergency Contact:

NAME: _____ RELATIONSHIP TO PARTICIPANT: _____

HOME PHONE: _____ WORK PHONE: _____

Program Information

RECREATIONAL HOCKEY LEAGUE:

Position Played: Goalie Forward Defense REGISTRATION FEE: \$230.09 + HST = \$260
Shoots: Right Left Cheques Payable to PERC
Highest Level Played: _____ Cash or Debit

Consent

Participation Waiver: This signed consent form allows you to participate in the above stated activity and releases The Township of Perth East and its employees from all claims for damages arising from any accidents or injury which is caused by or arises from participation of the registrant hereon during the stated activity.

Participant Initials: _____

Photo Release: I give the Township of Perth East permission to photograph myself; and to use these photographs for display and any future promotional materials without compensation.

Participant Initials: _____

Our Privacy Commitment: The Township of Perth East is committed to protecting your privacy. The personal information contained on this form is collected by the Township of Perth East for the purpose of administering recreational programs. It will be kept secured and confidential and will be used only by administrative staff or those who need to know. It will also be used to send you newsletters and program information.

Participant Initials: _____

Signature

Date