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| Family Name of Participant(s): | | |
| Address: | | |
| City: | Postal Code: | Medical / Health / Allergies: |
| Telephone (home): | | Telephone (work): |
| Cellular Phone: | | Email Address: |
| Please complete this section for participants under 18 years old. | | |
| Mother's Last Name: | First Name: | Telephone: |
| Father's Last Name: | First Name: | Telephone: |

| First Name | M / F | Date of Birth (y/m/d) | Medicare Card # and Expiration Date | Program Name | Day/Time | Level | Fee |
|------------|-------|-----------------------|-------------------------------------|--------------|----------|-------|-----|
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TOTAL

WAIVER - CONDITION OF PARTICIPATION IN ANY PARKS AND RECREATION DEPARTMENT PROGRAM

I hereby assume all risks relating to the activity for which I register, whether inherent therein or foreseeable or not, and I hereby release the City of Côte Saint-Luc, its employees, officers, agents and volunteer workers (all hereafter called the City) from, and waive and renounce to, any claim for loss or damage to person or property, however arising, to the complete exoneration of the City, and will save the City harmless from any such claim in principal interest and costs. If I sign the present in my capacity either as a parent or guardian, to enable a minor to participate in a program, I acknowledge it is subject to the same waiver as I am the participant. Furthermore, by signing as a parent or guardian, I hereby agree to indemnify and hold harmless the City of Côte Saint-Luc, its employees and volunteer workers from any claims for any accident, injury or loss which I or the minor child I am signing for may sustain while participating in the program activity. The City of Côte Saint-Luc is not liable for any material prejudice but not limited to, theft or loss of items, by a participant or by any other person. Further, I understand that any information which is found to be false will automatically cancel the registration, without recourse for refund. In situations whereby any services are required due to an emergency, such as ambulance, the entire cost is to be covered by the participant. I hereby authorize, at my expense, whatever medical treatment my child (if applicable) may require in the event of any emergency. Registrants are urged to obtain their own insurance.

GENERAL REFUND POLICY

Any refunds granted are at the entire discretion of the City of Côte Saint-Luc. Requests for refunds will only be considered upon the City of Côte Saint-Luc receiving a written request prior to the date at which one third of the program has been completed, subject to the medical reason exception. All refunds granted will be subject to an administrative charge of 20% off the total cost of the program and any refunds granted will be pro-rated based solely on the date the City of Côte Saint-Luc receives the written refund request. The above policy is applicable for all recreation programs (except day camp and playgroup programs) administered by the City of Côte Saint-Luc. Please see page 5 of the Parks and Recreation brochure or our website (www.cotesaintluc.org) for the complete refund policy.

Method of Payment

Please make cheques payable to the City of Côte Saint-Luc

Cash: _____ Cheque: _____ Interac: _____ Visa: _____ MasterCard: _____

Card No. _____ Exp. _____

Name of Cardholder: _____

Waiver For Use of Photographs Taken During Activities



I authorize the Parks and Recreation department to take photographs during programs and activities which I have registered for or attend. I understand that these pictures may be used for future promotional purposes, without any compensation.

Signature: _____

Acknowledgement of Activity Waiver

Signature: _____

Date: _____