



www.springwater.ca
 2231 Nursery Road
 Minesing, Ontario
 LOL 1Y2 Canada
 Phone: 705-728-4784 Fax: 705-728-2759

PARTICIPANT #1 Information:

First Name: _____ Last Name: _____ Male: Female:
 Health Card #: (Optional) _____ Birth date: _____ Age: _____
 Program Name & Location:
 1. _____ \$ _____
 2. _____ \$ _____

PARTICIPANT #2 Information:

First Name: _____ Last Name: _____ Male: Female:
 Health Card #: (Optional) _____ Birth date: _____ Age: _____
 Program Name & Location:
 1. _____ \$ _____
 2. _____ \$ _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____
 Address: _____ Unit #: _____
 Town: _____ Postal Code: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____
 Contact Phone: _____ Cell Phone: _____

IMPORTANT CANCELLATION INFORMATION

Cancellations by Participant/Applicant: A \$20 administration fee is applicable for any cancellations.
 *No refunds will be made unless at least 14 days cancellation notice is given prior to the start date of the program/course to the Parks and Recreation Department.
 *Programs with insufficient registration will be cancelled at the Townships discretion – in the event of a program cancellation, full refunds will be mailed to participant.

DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS

Disclaimer: Information contained in this form is for the use of Springwater Township only and will not be made public. The participant, including his or her parents/guardians, in signing this registration form chooses to participate in this program at his or her own risk. The Township of Springwater accepts no liability for bodily injury, death or property damage, whether caused by negligence or by any other reason.

Release: The participant and his or her parents/guardians release the Township of Springwater including their elected official, employees and agents, from all claims for loss or damage of any kind connected in any way to participation in this program, whether caused by negligence or otherwise. The Person signing this form acknowledges having read and understands the disclaimer and release and having voluntarily signed to indicate acceptance of the terms above.

Photos taken throughout the programming are often used (without names) for promotional purposes. If you do not wish to have your child's picture used for future promotions, please check this (do not use pictures of my child for promotions)

NSF Cheques: A fee will be applied to all payments that are returned due to non-sufficient funds (NSF).

Return the completed form by fax to 705-728-2759, to any of our library branches, or in person or by mail to 2231 Nursery Road, Minesing, ON L0L 1Y2 - ATTN: Parks & Recreation Registration.

Parent / Guardian Signature: _____ Date: _____

METHOD OF PAYMENT:	
<input type="checkbox"/> CHEQUE	<input type="checkbox"/> CASH
<input type="checkbox"/> VISA	<input type="checkbox"/> MC
Total \$ _____	Card# _____
CARD HOLDER NAME: _____	Expires _____
SIGNATURE: _____	

Notice of Collection/Use/Disclosure: Your personal information is collected under the authority of the Municipal Act section 8(1). Personal information is used to identify and ensure the safety and well-being of the participant and for consistent purposes. For details please contact the Clerk for the Township of Springwater, 2231 Nursery Rd., Minesing, ON, L0L 1Y2, 705-728-4784.