



Township of Severn Recreation Registration Form

Main Contact or Guardian - Please print clearly				
Last Name	First Name		Home Phone #	
Address	RR#/Unit	Birthdate (dd/mm/yyyy)	Cell/Alternate Phone #	
City/Town	Postal Code	Email Address		
Participant 1 - Information - Please print clearly				
Participant Last Name	First Name		Sex	
			M	F
			Non-Binary	Prefer not to answer
Gender Identity			Gender Pronoun	
M F Non-Binary Prefer not to answer			She/Her	He/Him
			They/Them	Other
Birthday (dd/mm/yyyy)	T-Shirt (Youth S/M/L/XL)		<i>Check Below:</i>	
			Register in all listed programs?	Yes No
1st Choice Program Name	Code	Fee	Should my program not be available:	
			Place my name on a waitlist	Cancel my request
2nd Choice Program Name	Code	Fee	Return cheque	Destroy cheque
			Place on account credit	Refund
Participant 2 - Information - Please print clearly				
Participant Last Name	First Name		Sex	
			M	F
			Non-Binary	Prefer not to answer
Gender Identity			Gender Pronoun	
M F Non-Binary Prefer not to answer			She/Her	He/Him
			They/Them	Other
Birthdate (dd/mm/yyyy)	T-Shirt (Youth S/M/L/XL)		<i>Check Below:</i>	
			Register in all listed programs?	Yes No
1st Choice Program Name	Code	Fee	Should my program not be available:	
			Place my name on a waitlist	Cancel my request
2nd Choice Program Name	Code	Fee	Return cheque	Destroy cheque
			Place on account credit	Refund
Program Questions				
Please list any medical conditions, allergies or limitations:				
Please provide an alternative emergency contact (full name) and phone number:				
Emergency Contact Name:			Emergency Contact Phone #:	
I give permission for the Township of Severn to use photos and or video of myself/child for the purposes of program promotion and/or staff training?				
Yes			No	

The Township of Severn Recreation's Department recommends consulting a doctor before beginning any fitness program!

I hereby waive and forever discharge the Corporation of the Township of Severn, its employees agents, officers 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.

X _____
Signature of Participant (16+) or Guardian

I have read and understand "How to Register", "Late Registrations & Discounts", "Refunds" and "N.S.F. Cheques" sections of the brochure.

Method of Payment (office use only)

Cash - for walk-ins only	Total fees received: \$ _____ (Business 138617113)
Cheque - payable to the Township of Severn	
Debit - in person at Administration office only	
Date Received: _____	

Drop off Registration forms at:

Township of Severn 1024 Hurlwood Lane Severn, ON, L3V 0Y6	Coldwater & District Community Centre 11 Michael Anne Drive Coldwater, ON, L0K 1E0	Township of Severn P.O. Box 159 Orillia, ON, L3V 6J3	Washago Community Centre 4361 Hamilton Street Washago, ON, L0K 2B0
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Personal information contained on this form is collected pursuant to the Municipal Freedom of information and Protection of Privacy Act, and will be used for the purpose of program registration and participation. Questions about this collection should be directed to the Freedom of Information Coordinator.