

The Municipality of Centre Hastings
Program Registration Form
Sports Camp

Name: _____ Date of Birth: _____

Week(s): _____ Dates: _____

Health Card Number: _____

Special Considerations (Medication, Disability, Behavior, Etc.) _____

Name of Parent/Guardian: _____

Address: _____ Postal Code: _____

Telephone (Res.): _____ Work: _____ Cell: _____

Email: _____

Resident _____ Non Resident _____

Emergency Contact Name: _____ Phone Number: _____

I hereby idemnify and save harmless the Municipality of Centre Hastings and its Representatives from any claim, demand, suite or action regarding any program or activity.

Camp may be cancelled due to inclement weather or low registration.

Registration fees must be paid before the start date of camp.

Signature of Parent/Guardian: _____

----- FOR OFFICE USE ONLY -----

Week(s): _____

Price: _____ Paid By: Cash _____ Cheque _____

Date Paid: _____ Staff Signature: _____