

# Program Registration Form

Season and year



## 1 Participant(s) information

First name	Family name	M/F	Date of birth	Medical issues / Allergies	Program Name	Day and Time	Level	Fee
			YYYY/MM/DD					
			YYYY/MM/DD					
			YYYY/MM/DD					
			YYYY/MM/DD					

## 2 Contact information of person registering

**TOTAL** \$

First name \_\_\_\_\_ Family name \_\_\_\_\_ Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone #1 \_\_\_\_\_ Telephone #2 \_\_\_\_\_ Telephone #3 \_\_\_\_\_ Email \_\_\_\_\_

## 3 Emergency Contact Information Mandatory if registering children age 17 and younger.

CONTACT 1		CONTACT 2	
First name _____	Family name _____	First name _____	Family name _____
<input type="checkbox"/> Same as above	Telephone #1 _____	Telephone #2 _____	Telephone #2 _____

### WAIVER—Condition of participation in any Parks and Recreation Department program

**Risks/Release:** As a condition of attendance at/use of a City of Côte Saint-Luc (“City”) facility or participation in a City activity/program, I hereby assume all direct and indirect, foreseeable and unforeseeable risks relating thereto for me and my minor child. I hereby release the City its elected officials, employees, agents, contractors, and volunteers, and their successors (collectively, “City Releasees”) from, and waive and renounce to, every claim and liability of whatsoever nature, whenever so arising, for loss, damage or injury to my or my minor child’s person and property (including theft). I agree to defend, indemnify and hold the City Releasees harmless from every such claim in principal, interest and costs. **Emergency:** If a City representative judges there is a medical emergency affecting me or my minor child I authorize them to call 9-1-1 and/or EMS, for police/ambulance/emergency medical services and allow the City to provide emergency medical intervention (including medication/treatment) at my sole cost and peril, and the below Release shall apply. **Medical Conditions:** I will complete a separate form provided by the City (where required) and declare all medical conditions, medicare number, mobile phone number, and an emergency contact person with number, without the City incurring any liability for knowledge of a pre-existing medical condition. I or my minor child shall not attend a City or program or activity when symptoms of illness are present. If I am asked to leave/withdraw, or to retrieve/withdraw my minor child, for reasons of conduct or illness, I will do so promptly without dispute or right to refund or reimbursement. **Use of Image etc:** The City may photograph or videograph me or my minor child and may use my or my minor child’s image and/or voice clips, photograph or videograph in its discretion in/ on any media in perpetuity without any payment or further consent. I hereby waive my/our moral rights, and assign full copyright, in favour of the City in connection herewith. **False Information:** Any false information provided at any time to the City will automatically annul this registration, without recourse or penalty against, or refund or reimbursement by the City. **Full Payment and Refund Policy:** I acknowledge that full payment is required at the time of registration and prior to commencement of, or participation in, any City program or activity. I acknowledge that I am not entitled to refund or reimbursement of any amounts paid except as permitted under applicable City policies as published by the City at the date of my payment.

## 4 Method of payment

Received by (administrative use only)

Cash       Cheque       Interac

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

Visa       Mastercard

### REFUND POLICY

Requests for refunds will only be considered upon receipt of a completed Refund Request Form a) prior to the beginning of the program (program of 5 classes or less) OR b) once two (2) classes of the program have been completed (program of 6 classes or more). All refunds granted are subject to an administration fee that is based on the original 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 completed form. The above policy is applicable for all recreation programs and memberships administered by the City of Côte Saint-Luc. For the complete refund policy and specific policies for aquatic teams, day camps and intercommunity baseball visit [CoteSaintLuc.org](http://CoteSaintLuc.org).

## 5 Acknowledgement of Activity Waiver, General Information, Photo and Refund Policy

Refusal to sign will invalidate my registration and/or participation.

Printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_