

Registration Form

www.hamilton.ca/recreation



Hamilton

Main Contact (must be 18 years of age or older)		Member Number	
First Name		Last Name	
Gender		Birthday (dd/mm/yyyy)	
Phone		Email	
Address		City	
Province		Postal Code	

No, I do not want to be notified of upcoming recreation registration information and recreation announcements.

General Liability Release

I, on behalf of myself and the Registrants, our respective heirs, personal representatives and assigns, do hereby release, indemnify and save harmless, waive, and forever discharge the City of Hamilton, its directors, officers, employees, volunteers, insurers and agents from any and all liability and claims including those related to personal injury (including death), accidents, illnesses or property loss arising from, but not limited to, registration in, participation in, or the observation of, programs, activities and classes offered by the City of Hamilton including the use of facilities, premises, or equipment. I further authorize the City of Hamilton to obtain any medical care it deems necessary in the event of an injury and I agree to pay for any resulting medical expenses. By signing this form, I acknowledge having read, understood and voluntarily agreeing to this waiver, release and indemnity.

SIGNATURE _____ **DATE** _____

Registrant #1 Information		Member Number	
First Name		Last Name	
Gender		Birthdate (dd/mm/yyyy)	

Health/Special Needs

Choice	Program Title/Level	Facility	Day/Session	Time	Fee \$	Barcode
First						
Second						
Third						

I am indicating my 1st, 2nd, 3rd program choice **OR** I wish to be registered in ALL of the programs listed

Registrants #2 Information		Member Number	
First Name		Last Name	
Gender		Birthdate (dd/mm/yyyy)	

Health/Special Needs

Choice	Program Title/Level	Facility	Day/Session	Time	Fee \$	Barcode
First						
Second						
Third						

I am indicating my 1st, 2nd, 3rd program choice **OR** I wish to be registered in ALL of the programs listed

If you do not live in the City of Hamilton, each registrant will be charged \$13.59 + HST per program. Please make cheque payable to the "City of Hamilton". Post-dated cheques will not be accepted. Cheques returned non-sufficient funds (NSF) or for any other reason will be assessed a \$34.25 Administration Processing Fee (subject to change).	Office Use Only	Confirmed in Legend
		Non-Resident (add \$13.59 + tax)

All information, including Personal Information, collected by the City of Hamilton is done so under the authority of Ontario's *Municipal Act, 2001*, and *Municipal Freedom of Information and Protection of Privacy Act*, each as amended and will be used for program registration, administration and delivery. Questions about this collection should be directed to: Sr. Manager of District Operations, City of Hamilton, Recreation Division, P.O. Box 2040, Hamilton, ON L8P 4Y5, 905-546-3747