

Municipality of Arran Elderslie Program Registration Form



Registrations will be accepted on or after June 28th 2021

By e-mail: programs@arran-elderslie.ca

Or by drop off to the Municipal Office.

Location: Please circle		Time Preference: Please circle 1	
Chesley	Tara	AQUAFIT	
		12- 12:45	
		4-4:45	
If you will not be attending Monday to Friday, please indicate the days you wish to participate below:			
PARTICIPANT INFORMATION			
Last Name:		First Name:	
Residential Address:		PO Box	Phone Number:
Mailing Address:		Town:	Postal Code:
Doctor:		Health Card #:	
Allergies: Health concerns: Medications:			
I UNDERSTAND THAT ALL PUBLIC HEALTH GUIDELINES WILL BE FOLLOWED, AND SHOULD FURTHER RESTRICTIONS BE PUT IN PLACE THIS PROGRAM MAY BE CANCELLED. I UNDERSTAND THAT I WILL BE SCREENED DAILY, AND SHOULD ANY COVID 19 SYMPTOMS PRESENT, I WILL NOT BE PERMITTED TO PARTICIPATE. NO REFUNDS WILL BE GIVEN. I UNDERSTAND THAT I AM LISTING MY PREFERENCE OF SESSION AND TIME, BUT MY PREFERENCE MAY NOT BE AVAILABLE. I UNDERSTAND THAT CHANGEROOMS WILL NOT BE AVAILABLE FOR USE.			
ALTERNATE EMERGENCY CONTACT (other than guardian)			
Name:		Phone:	
PHOTO RELEASE (Please initial)			
I agree that The Municipality of Arran Elderslie may use photographs of me, my children, and/or my property with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Please initial YES _____ or NO _____.			
ACCIDENT RELEASE AND SIGNATURE			
Accident Release: I _____ hereby declare that I will NOT hold the coaches, instructors or the Municipality of Arran Elderslie Recreation Department responsible for any accident that might occur during my participation in this program.			
Signature:		Date:	