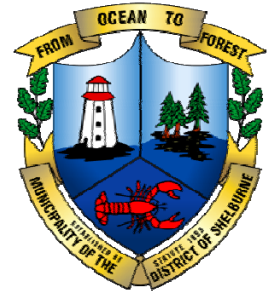


2011 Recreation Programs Registration Form



Child's Name: _____ Age: _____ Sex: _____

Parent's Name: _____

Mailing Address: _____

Health Card Number: _____

Medical Information: _____

Home Phone: _____ Work#: _____ Cell#: _____

Emergency Contact: _____

e-mail Address: _____

Throughout the program, recreation staff may take digital photos of children in our programs. If you agree to allow us to include your child's photo on the Municipality of the District of Shelburne website, <http://www.municipalityofshelburne.ca> please sign below:

Parent/Guardian Signature: _____ Date: _____

WAIVER IN THE EVENT OF INJURY

I, the parent of the above named child, who is a candidate for the Recreation Programs of the Municipality of the District of Shelburne Recreation & Parks Department, do hereby give my consent to his/her participation in any of all of the activities of the program(s). I do hereby release and absolve the Municipal Recreation & Parks Dept. and the organizers, sponsors, and supervisors for the program(s) from any claim for injury of or losses suffered by my child during the course of program, no matter what the cause. I further agree that in the event of a claim by the third party against the Municipality resulting from any action by the child that I will indemnify and save the harmless Municipality. I assume all risks and hazards to which my child may be exposed as a result of his/her participation in the program(s).

Parent/Guardian Signature: _____ Date: _____

Date	Event	Price	Registered	Paid
January 9th to April 3rd	Co-ed Minor Basketball	\$15 or \$40/family		