

REGISTRATION FORM

Last Name: _____ First Name: _____

Address: _____ Town: _____

Postal Code: _____

Age: _____ Male: _____ Female: _____

Home Ph: _____ Mom Work #: _____ Dad Work #: _____

Medical Concerns: _____

I hereby release the Corporation of the Town of Parry Sound from all claims for damages arising from any accident or injury which is caused by or arises from participation of the applicant hereon during any program or in any location where a program is being held.

Signature: _____
of Participant (or parent/guardian if participant is under 18)

PROGRAM NAME	DAY	SESSION	TIME	FEE

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