



Region of Queens Municipality
Recreation and Community Facilities
Department

Milton Centennial Pool: Program Application Form
(Please Print Clearly)

Participant's Name (first & last)	Date of Birth	Health Card #	Expiry
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Level	Session Dates	Fee	Paid/Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Name: _____

Home #: _____ Work #: _____

Mailing Address: _____

Emergency Contact: _____ Phone #: _____

Health Concerns: _____

Family Doctor: _____ Phone #: _____

How did you learn about this program? _____



Release of Liability

I understand that, although safety is a priority, parts of the _____ program,
(Program Name)

being held on _____, will be physically challenging.
(Date of Program)

I recognize therefore the risk of injury from participating in this program, and I hereby voluntarily assume that risk. I do further release the Region of Queens Municipality, its staff members, volunteers, and Council from all liability for any injury incurred to me, the participant, except those caused by negligence, and agree to seek no legal recourse in the event of such injury as against the Region of Queens.

Signed: _____
(Parent or guardian if under 19 years of age)

Date: _____

** If you do not understand any part of the waiver form, please ask one of our staff to explain it to you.