



**Region of Queens Municipality
Department of Recreation**

Program Application Form
(Please Print Clearly)

Participant's Name (first & last) _____

Date of Birth (if applicable) _____

Parent/Guardian Name: _____
(if applicable)

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

Mailing Address: _____

Emergency Contact: _____ **Phone #:** _____

Health Concerns: _____

Do you agree to having the participant's picture taken for promotional purposes?

Yes ___ **No** ___ **Parent's Initials** _____

Refund Policy

All refunds will have a \$5.00 administration charge. Refund requests made prior to the pre-registration date of a program will be issued for any reason, less the \$5.00 administration charge. Refund requests made after the pre-registration date of the program will only be issued for medical reasons of the participant, supported by a medical certificate, or for special circumstances, less the \$5.00 administration charge. Once a program has begun, refunds will only be issued for medical reasons of the participant, supported by a medical certificate, or for special circumstances, at a pro-rated rate based on the number of day/classes that have passed.

Waiver of Risk and Release of Liability

(Please read carefully before signing)

Program Name

Date of Program

The undersigned Registrant, and where the Registrant is under the age of 19 years, the parent or guardian of the undersigned Registrant, hereby assumes all risk for personal injury, property damage, death or other damages which may arise out of, or in relation to, the Registrant's participation in a Recreation or Community Program carried on, or sponsored by the Region of Queens Municipality, including injuries and damage howsoever caused, whether by negligence or otherwise, on the part of the Region or its officers, Council, employees, agents and volunteer assistants. The undersigned also agrees to indemnify and save harmless, the Region and it officers, Council, employees, agents and volunteer assistants, against all claims for injury or loss, of whatsoever kind and howsoever cause (including by negligence), which may arise out of or in relation to, said program, and I agree to seek no legal recourse against the Region respecting such injuries, damage or loss.

Name of Participant (Registrant)

**Parent or Guardian of Registrant
(if applicable)**

Date