

Registration Form

Are you a new applicant? Yes No Has any of your information changed? Yes No

Main Contact					
First Name:		Last Name:		Birth Date: (M) (D) (Y)	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Senior (60Y+): <input type="checkbox"/>	Resident: <input type="checkbox"/>	Non-Resident: <input type="checkbox"/>	Orillia Taxpayer/business owner: <input type="checkbox"/>
Phone: - -		Cell: - -		Work Phone: - -	
Email:		Phone Provider for Texts (i.e. Rogers):			
Agree to Promotional Email: <input type="checkbox"/>		Agree to Texts: <input type="checkbox"/>			
Address:		Unit/Apt:		City/Town: Postal Code:	
Alternate Contact Name:			Alternate Number:		

Medical Information
Medical Conditions / Allergies / Limitations for any Registrant:

▼ Registrant #1					
First Name:		Last Name:		Birth Date: (M) (D) (Y)	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Senior (60Y+): <input type="checkbox"/>	Resident: <input type="checkbox"/>	Non-Resident: <input type="checkbox"/>	Orillia Taxpayer/Business Owner: <input type="checkbox"/>
PROGRAM NAME	CODE	LOCATION	DAY	TIME	FEE
Program 1:					
Program 2:					

▼ Registrant #2					
First Name:		Last Name:		Birth Date: (M) (D) (Y)	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Senior (60Y+): <input type="checkbox"/>	Resident: <input type="checkbox"/>	Non-Resident: <input type="checkbox"/>	Orillia Taxpayer/business owner: <input type="checkbox"/>
PROGRAM NAME	CODE	LOCATION	DAY	TIME	FEE
Program 1:					
Program 2:					

Terms of Registration (Important - Please read)

Personal information on this form is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M. 56 under the authority of the Municipal Act 2001, S.O. 2001, c 25 and will be used by the City of Orillia Parks, Recreation and Culture Department for the operation of recreation programs. Questions about this collection should be directed to the Freedom of Information Co-ordinator. In consideration of the acceptance of my application or that of the minor whose name appears thereon, of who I am the legal guardian, and give the permission to participate in a recreation program sponsored by the Parks, Recreation and Culture Department of the Corporation of the City of Orillia, I hereby waive and forever discharge and indemnify and save harmless the Corporation of the City of Orillia, its employees, volunteers, partner organizations, agents, sponsors, officers and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the recreation program in any location (such as field trips, organized swims etc.) where the recreation program is being held. Unless the participant or guardian indicates in writing, Parks, Recreation and Culture will assume permission is given for photos or video taken during any recreation program to be used to promote recreation. If permission is not granted please email the participants name and recreation program enrolled in to parks@orillia.ca and request that permission for pictures be revoked. Parks, Recreation and Culture will attempt to honour the request however, as most recreation programs take place in public settings it cannot be guaranteed. ELEMENTS OF RISK: Participating in the this activity involves certain elements of risk including but not limited to cuts, abrasions, sprains, fractures, spinal injury, brain injury or even death. The risk of sustaining injury can result from the nature of the activity itself, natural and manmade, climatic conditions, the actions of third parties and the physical condition and actions of the participant. The risk of sustaining these types of injuries can occur without any fault of the participant, or the City of Orillia Municipality, its employees, agents, council members, or the facility where the activity is taking place. By choosing to participate in the activity, I am fully accepting the risk that I/participant may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. REFUND POLICY: Refunds/credits will only be issued up to seven days prior to the start of a program with an administrative fee of 10%. Visit the S.U.N. System to withdraw from a program seven days prior to the start. Medical refund requests must be accompanied by a doctor's certificate/note and the 10% administrative fee will be waived. It will only be processed up to the halfway point of any recreation/culture program. Absolutely no refunds will be given after the mid-point of a program. The refund will be pro-rated based on the number of classes left in the recreation/culture program at the time the request is received, regardless of the date the registrant stopped attending the recreation/culture program. Account credits will expire 24 months after the date of the original credit entry. Refunds/credits will only be issued up to seven days prior to the start of a program with an administrative fee of 10%.

X: _____

Signature of participant (or parent/guardian if applicant is under 18 years of age)
 This must be signed in order for the registration to be processed.

If My Program is Unavailable:

Go on waiting list Cancel my registration

Payment:

Sub-total: \$ _____
 * HST (13%): + _____
 Total: \$ _____

* HST is not applicable to children's programs unless otherwise noted in the description.

Payment Options for Mail-In Registrations :

- Cheque (payable to City of Orillia)
- Credit on Account

Payment Options for Walk-in Registrations:

- Cash Interac Credit on Account
- Cheque (payable to City of Orillia) Credit Card

Please complete and sign this form along with your payment by cheque and provide it to Parks, Recreation and Culture (50 Andrew St. South, Suite 300, Orillia, ON L3V 7T5). Please note we no longer accept credit card payments via mail or fax.