

NEW
 RETURNING
 LEADER
 OFFICE STAFF

PRINT CLEARLY. FORM MUST BE FULLY COMPLETED BEFORE checking in at the reception table.

NAME: _____ PHONE: () _____
 ADDRESS: _____ CITY: _____
 POSTAL CODE: _____ EMAIL: ON FILE: **New:** _____

1. **PLEASE CIRCLE** only classes you wish to attend. Have course instructor (or rep.) initial registration approval and enter your name on attendance form **BEFORE GOING TO PAY!**

Activity	Day			Leader(s) Sign Off		Total
	Mon	Wed	Fri	lhs	ls	
<i>(for ex.) Seniors Low Impact Exercise</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			2
Art Studio	Mon	Wed				
Badminton	Tues	Fri				
Book Club#1	4 th Fri. each month					
Chair Yoga	Mon					
Conversational French (intermediate)	Thurs					
Conversational French (beginners)	Thurs					
Drawing	Wed					
Euchre	Mon					
Mind, Body Connection	Mon					
Mosaic Art	Mon					
Music: Jam Session	Mon					
Photography	Thurs					
Pickle Ball	Mon	Wed	Thurs			
Quilting	Thurs					
Seniors Low Impact Exercise	Tues	Fri				
Table Tennis	Wed					
Tai Chi	Mon	Fri				
Tai Chi (BEGINNERS)	Tues					
Tole Painting	Fri					
				1 to 3 activities fee		\$ 25
\$5 for each Additional activity				_____ x \$ 5		
CHEQUES TO: Brockville 50+ Activity Centre				TOTAL FEE		

EMERGENCY CONTACT	Office Use Only
NAME: _____	Payment: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Receipt Requested: Yes <input type="checkbox"/>
PHONE: () _____	Reviewed by: _____ (initials) Date: _____

I, the undersigned participant, have read thoroughly, and accept the terms of the **Participant Waiver of Liability Form for the Brockville 50+ Activity Centre.** Signed _____ Date: _____