(rev: 09Dec2023)



REGISTRATION APPLICATION Winter 2024

PLEASE PRINT CLEARLY

NAME:		PHONE#	
EMAIL	POSTAL CODE:		
Emergency Contact		_ Emergency Ph #	
\square Please tick the k	box if your contact information has not change	d from the Septe	mber 2023 application.
LIST EACH ACTIVITY SE	PARATELY. ADDITIONAL ACTIVITIES CAN BE V	VRITTEN ON REV	ERSE SIDE.
	ACTIVITY NAME	DAY HELD	LEADER APPROVAL
may have now or in instructors, leaders, responsibility to report (This is to ensure couthe Brockville 50+ Action as provided on the l, the undersigned particular in the second	tion with or arising out of my participation or ar the future against the Brockville 50+ Activity C and other volunteers. I, the undersigned partic ort any accident or personal injury to the 50+ or mpliance with government health and safety re ctivity Centre to routinely correspond with me to be current registration form. Carticipant, have read thoroughly, and accept the for the Brockville 50+ Activity Centre.	entre, its class or sipant, also under ffice within 24 ho egulations.) I also using the email ac	r activity organizers, rstand that it is my urs of occurrence. o hereby authorize ddress already on file
Signature:	Date:		
REGISTRATION FEE TO BE PAID WITH APPLICATION USING THE FOLLOWING METHODS (NO CASH) Separate payment required for each participant. Please do not combine. CHEQUE \$30 payable to Brockville 50+ Activity Centre Write the participant's name in memo field and attach cheque to form.			
☐ E-TRANSFER	\$30 emailed to payment50plus@truespeed.ca once your space is confirmed by leader. Verification #		
	Brockville 50+ is setup for automatic deposit therefore no password is required. Please put the participant's full name in the note/memo section (no nicknames) to aid office in matching payment with registration.		
☐ LEADER/BOAR	D MEMBER		