

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:

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						
Book Club#2	3 rd Fri. each month						
Chair Yoga	Mon						
Chimers (St. Lawrence Anglican Church)	Thurs						
Conversational French (intermediate)	Thurs						
Advanced French as 2 nd language	Thurs						
Drawing – Art Studio	Wed						
Euchre (play only)	Mon						
Mah-Jong	Mon						
Meditation	Mon						
Mind, Body Connection	Fri						
Mosaic Art	Mon						
Music: Jam Session	Mon						
Photography	Thurs						
Pickleball	Mon	Wed	Thurs				
Quilting	Thurs						
Seniors Low Impact Exercise	Tues	Fri					
Spanish (Beginners)	Thurs						
Table Tennis	Wed						
Tai Chi	Mon	Fri					
Tai Chi (Beginners)	Tues						
Tai Chi Boost	Thurs						
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
 NAME: _____
 PHONE: () _____

Office Use Only
 Payment: Cash Cheque Receipt Requested: Yes
 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: _____