



# Course Registration Form

New applicant? Yes  No

Has your address, email or telephone # changed? Yes  No

Family Information - Please print clearly					
Adult/Parent/Guardian's Last Name			First Name		Gender: M/F/X
Family Address		City		Postal Code	
Home Phone #	Cell Phone #	Business Phone #	Email		
Emergency Contact Name		Emergency Contact Relationship		Emergency Contact Phone #	

Photograph Release & Waivers - All registrants must sign and agree to waivers.	
<input type="checkbox"/> I give permission for City of Oshawa staff to take photographs of my child/myself during this course session for use in future promotional materials.	
<input type="checkbox"/> <b>Online Program Waiver</b> City of Oshawa Staff may record everything captured by my camera and microphone during this program for quality assurance purposes. If I have questions about the collection of personal information I can contact <a href="mailto:activeoshawa@oshawa.ca">activeoshawa@oshawa.ca</a> A caregiver will be at home for participants under 10 years of age. While the City of Oshawa will take appropriate steps to respect my privacy, I understand that the City of Oshawa cannot guarantee strict confidentiality. The City of Oshawa is not responsible for the security or privacy policy of third-party video conferencing solutions used to facilitate the program. Although these calls may be encrypted for protection from eavesdropping, the City of Oshawa cannot guarantee this. By participating in the program, each member has reviewed and accepted the terms of the video conferencing solution (i.e. Unicko). Participants shall not permit recording of the program in any way. Personal confidential notes are okay. Staff cannot reveal information about participants without written permission except where disclosure is required by law. Examples where disclosure may be required include: <ul style="list-style-type: none"> <li>• Information on someone indicating they wish to harm themselves or others, or</li> <li>• Suspicions of abuse of a minor</li> </ul> If at any time a health emergency situation occurs, participants/ guardians will be directed to call 9-1-1 or go to the nearest hospital emergency room.	
<input type="checkbox"/> <b>WAIVER - All registrants must sign and agree to waiver.</b> I agree to release and save harmless the City of Oshawa, and its employees and other agents from any and all claims or other proceedings, regardless of who makes them, in respect of any damage or injury arising by reason of participation in the course by myself or the person(s) who are shown as the "participant(s)".	
Signature: _____	Date: _____

Method of Payment - Credit card information required for drop-off registrations only.	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Card # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVV: <input type="text"/> <input type="text"/> <input type="text"/> Total: \$ <input type="text"/>
Card Holder Name (please print): _____	Signature: _____

This form may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended. This information will be used and maintained by the City of Oshawa to register participants for any Recreation and Culture Program. Questions regarding this collection may be directed to the City's Information Access and Privacy Officer, City of Oshawa, 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, 905-436-3311.

## Participant #1 Information - If course is full, participant will be waitlisted.

PARTICIPANT Last Name		First Name		Age	Birth Date: dd/mm/yy	Gender: M/F/X
Course ID #	Course	Venue	Start Date	Time	Price	
Course ID #	Course	Venue	Start Date	Time	Price	
Course ID #	Course	Venue	Start Date	Time	Price	

### Medical & Special Needs Information Please complete the following information for all participants with medical or special needs.

- Severe Allergies                       ADD/ADHD                       Behavioural Conditions  
 Physical/Development Impairment       Other Special Conditions

Specify medical or special need: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Participant #2 Information - If course is full, participant will be waitlisted.

PARTICIPANT Last Name		First Name		Age	Birth Date: dd/mm/yy	Gender: M/F/X
Course ID #	Course	Venue	Start Date	Time	Price	
Course ID #	Course	Venue	Start Date	Time	Price	
Course ID #	Course	Venue	Start Date	Time	Price	

### Medical & Special Needs Information Please complete the following information for all participants with medical or special needs.

- Severe Allergies                       ADD/ADHD                       Behavioural Conditions  
 Physical/Development Impairment       Other Special Conditions

Specify medical or special need: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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