



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.

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.

Online Program Waiver
 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 activeoshawa@oshawa.ca
 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:

- Information on someone indicating they wish to harm themselves or others, or
- Suspicions of abuse of a minor

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.

WAIVER - All registrants must sign and agree to waiver.
 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.

Cash Cheque Amex Visa MasterCard

Card # Expiry Date: CVV: Total: \$

Card Holder Name (please print): _____ Signature: _____

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to register for any Recreation and Culture Program. Questions about this collection should be directed to the City's Information Access and Privacy Officer at 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	
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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: _____

Request for Recreation Inclusion Support: Yes No

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: _____

Request for Recreation Inclusion Support: Yes No

Personal information contained on this form will be shared with City of Oshawa partnership program vendors to administer the City's recreational programming.

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