



Recreation Program Registration Form

Note: this includes: Friendship Centre, Recreation and Aquatics programs

To register or for further enquiries:

In person: Drop off at Guest Services Desk at Pyramid Centre By email: prccsr@town.stmarys.on.ca
By mail: Box 998, St. Marys, ON N4X 1A6 Phone: 519-284-2160 for information

**This registration form and upcoming programs and events can be found online at www.townofstmarys.com, Town Services, Pyramid Recreation Centre.

REGISTRATION INFORMATION

Family Name: _____	Parent/Guardian first name: _____
Mailing Address: _____	Box#: _____
Town/City: _____	Postal Code: _____
Email: _____	Home phone number: _____
Work phone number: _____	Cell number _____
Emergency Contact Name: _____	Home phone Number: _____

Are you a new participant? Yes ___ NO ___ Has your address, email or telephone # changed? Yes ___ NO ___

Name of Participant First and last name	Date of Birth (D/M/Y)	Gender (F/M)	Program Name	Session	Course Date & Time	Fee Amount

Allergies/Asthma including food (epipen or inhaler): _____

Other health information: _____

Please indicate how you found about our programs. Please circle all that apply:

Poster Flyer Town Guide Website Friends/Family Newspaper Other (please indicate where) _____

WAIVER INFORMATION

I hereby waiver and release the Town from any and all damages and injuries which may be suffered in participation of the programs noted above. I give permission to the Town and the media to photograph and/or videotape for use in any future promotional material without compensation. I have read this statement, fully understand it, and agree to its contents.

Signed: _____ Date: _____
(Parent/Guardian signature needed for children under 18 years old.)

Registration and Refund Policy:

Registration is on a first come, first served basis. All classes are subject to cancellation due to lack of enrollment. Payment is due upon registration. Payment is accepted by: cash, Credit card, debit or cheque. Please make cheques payable to: "Town of St. Marys". An administration fee of \$25 will be levied for all NSF cheques. Full refunds will be made for classes cancelled by the Town of St. Marys. Refunds will be issued minus a \$15.00 administration fee for cancellation requests prior to the start of the program. There are separate forms and refund policy for all camp and tournament programs. ***Please retain your debit/credit card slip in the case a refund is required.***

Office use only

COST: Total Amount \$ _____	_____ Receipt issued
(the 13% Harmonized sales tax has been included in program fees where applicable)	
Payment Received: ___ Cash ___ Cheque (Chq #: _____)	___ Debit ___ Credit Card
Card Type: _____	Card # _____ Exp. Date: _____
Name on Card: _____	In Person: ___ By Phone: ___ Date of Transaction _____
Staff Initials: _____	Date: _____ Data entered in Max. ___ Friendship Centre member

Privacy Statement: Personal information is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purpose of program development and operation. Questions about this collection should be directed to the Town of St. Marys Clerk's office at: 175 Queen Street East, St. Marys, or call 519-284-2340.