



TOWN OF BRACEBRIDGE RECREATION DEPARTMENT PROGRAM REGISTRATION AND CONSENT RELEASE

Tel-705-645-3037 Fax-705-645-3030
110 Clearbrook Trail, Bracebridge, ON. P1L 0A3 www.bracebridge.ca

MAIN CONTACT

LAST NAME: _____ FIRST NAME: _____
 ADDRESS: _____ TOWN/CITY: _____
 POSTAL : _____ EMAIL ADDRESS: _____
 HOME ☎: _____ WORK ☎: _____ CELL ☎: _____
 EMERGENCY CONTACT: (Name) _____ ☎ _____ (Relationship) _____

FAMILY INFORMATION:

Last Name	First Name	M / F	D.O.B.	Medical / Special Information
1. _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
2. _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
3. _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
4. _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
5. _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
6. _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____

PASSES

PLAN: Annual: ___ 6 Mth: ___ 3 Mth: ___ 1 Mth: ___ 10 Visit: ___ 25 Visit: ___ Walking Club ___ Early Bird Swim Club ___
TYPE: Family: ___ Adult: ___ Senior (60+): ___ Senior Couple (60+): ___ Child(1-13): ___ Youth(14-19): ___ Student(f/t): ___ S Card attach: ___

PROGRAM REGISTRATION

FIRST REGISTRANT'S INFORMATION

Last Name: _____ First Name: _____ Birth Date: D ___ M ___ YR ___ Sex F / M
 Medical / Special Information: _____

Program Name	Code	Day	Time	Start Date	Fee
		MTWTFSS			
		MTWTFSS			
		MTWTFSS			

SECOND REGISTRANT'S INFORMATION

Last Name: _____ First Name: _____ Birth Date: D ___ M ___ YR ___ Sex F / M
 Medical / Special Information: _____

Program Name	Code	Day	Time	Start Date	Fee
		MTWTFSS			
		MTWTFSS			
		MTWTFSS			

PAYMENT

Credit Card # ___ / ___ / ___ / ___ Expiry: ___ / ___ CVC ___ Signature: _____

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, M.56, R.S.O. 1990 and will be used for the sole purpose that it has been collected. Questions about this collection should be directed to:
 Director of Corporate Services/Clerk, Town of Bracebridge, 1000 Taylor Court, Bracebridge, ON P1L 1R6 (705) 645-6319 x. 243.



TOWN OF BRACEBRIDGE RECREATION DEPARTMENT

Tel-705-645-3037 Fax-705-645-3030 110 Clearbrook Trail, Bracebridge, ON. P1L 0A3

Name of Participant: _____ Phone #: _____

CONSENT RELEASE AND WAIVER

(A) CONSENT TO PARTICIPATE (Applicable if participant is over 18 years)

To my knowledge I am in good health and I am able to voluntarily agree to participate in a Bracebridge Recreation Program. Any health issues or special considerations I require will be my sole responsibility to communicate to all staff associated with the programs I am participating in. I, the undersigned, am fully aware of my own health and physical condition and having knowledge that my participation in any program may result in physical stress, pain, disability, serious injury including death and other health risks. I further acknowledge that the risk of sustaining injury can result from the nature of the activity itself, natural and manmade, climatic conditions, the actions of third parties and my own physical condition and actions and that injuries can occur through no fault of The Corporation of the Town of Bracebridge (the "Town"), its representatives, agents, employees, and volunteers. If I believe at any time I become unable to participate, I will remove myself immediately from the activity and not to continue to participate.

(B) RELEASE/HOLD HARMLESS & INDEMNIFICATION

Having such knowledge, I hereby release and agree to hold harmless, the Town and the Bracebridge Recreation Department ("BRD"), it's representative, agents, employees and volunteers from all actions, causes of actions, suits, claims and demands and I hereby assume all risks connected therewith and consent to participate in this said pass plan/program. I further agree to save harmless the Town and BRD, its employees, agents, servants and assigns from all actions, causes of actions, suits, claims and demands which may be made against the Town relating to or arising from my participation in a Bracebridge Recreation Program.

Signature of Participant

Date

(C) PARENT/GUARDIAN CONSENT (Applicable only if participant is under 18 years)

I, _____, the custodial parent and/or legal guardian of _____, age ____, born _____, hereby fully understand the inherent risks and understanding these risks agree to allow the child to participate in a Bracebridge Recreation Program. I further understand and accept that the child may be injured from participation, during or in a facility at any location where a program is held. I further acknowledge that the risk of sustaining injury can result from the nature of the activity itself, natural and manmade, climatic conditions, the actions of third parties and the child's own physical condition and actions and that injury can occur through no fault of the Town and BRD, its representatives, agents, employees, and volunteers. As a parent or guardian, fully understanding that my child could be injured I acknowledge that the child may participate in a Bracebridge Recreation Program.

(D) PARENT/GUARDIAN RELEASE/HOLD HARMLESS & INDEMNIFICATION

Having such knowledge, I hereby release and agree to hold harmless, the Town and BRD, it's representative, agents, employees and volunteers from all actions, causes of actions, suits, claims and demands associated with the child participating in a Bracebridge Recreation Program. Further, I hereby assume all risks connected therewith and consent to the child participating in this program. I further agree to save harmless the Town and BRD, its employees, agents, servants and assigns from all actions, causes of actions, suits, claims and demands which may be made against the Town relating to or arising from the child's participation in a Bracebridge Recreation Program.

I am aware that by signing this agreement and providing my written consent to the child's participation in the Bracebridge Recreation Program-- after having consciously and carefully put my mind to the meaning of this document and the child's level of maturity and capacity to participate safely and responsibly in the program -- I am hereby expressly waiving substantial legal rights that the child and I, our respective heirs, executors, administrators and next of kin may have against the Town as a result of the child's participation in the program, and that in so doing I am knowingly giving up the child's right to sue anyone associated in any way with the program, in negligence for damages if the child should ever be injured in the course of the child's participation in a Bracebridge Recreation Program.

I further acknowledge that I shall be directly and fully responsible for ensuring that the child at all times completely abides by all Town recreation policies and procedures, and that the child shall participate in the event safely, and that any failure to do so may result in the immediate expulsion of the child from the event or program.

Signature of Parent/Guardian (for applicants under 18)

Date

Parent / Guardian please print

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