

## **GOLF PROGRAM REGISTRATION FORM**



First Name: Birthdate: Address: Home Phone #: Address: Health Card #: Health Concerns:  GOLF PROGRAM INFO: DATE, TIME  COST  First Name: Birthdate: Address: Home Phone #:  COST    Participant - #2	First Name:				
Address:   Home Phone #:	i iist i tailic.		Last Name:		
Postal Code:   Sex:   Health Card #:   Fearth Concerns:   Health Card #:   Fearth Concerns:   Health Card #:   S		Age:			
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GOLF PROGRAM INFO: DATE, TIME    COST					Sex:
Participant - #2			Health Concerns:		
Participant - #2  First Name: Birthdate: Age: Cell Phone #: Home Phone#: Town: Postal Code: Sex: Health Card #: Birthdate: Address: Health Card #: Book Program Information  Sequence Work Phone:  Town: Postal Code: Sex: Health Concerns: GOLF PROGRAM INFO: DATE, TIME Sequence Sequenc	GOLF PROGRAM INF	O: DATE, TIME			
Participant - #2   Last Name:   Birthdate:   Age:   Cell Phone #:	1				
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Eirst Name:   Last Name:	Participa	nt - #2			
Birthdate:			Last Name:		
Address:   Home Phone#:		Age:			
Health Card #:   Health Concerns:	Address:				
Health Card #:   Health Concerns:	Town:		Postal Code:		Sex:
PARENT CONTACT INFORMATION (for children's under 16 years of age)  Name(s): Address: Town: Postal Code: Home Phone: Work Phone: Cell Phone:  MPORTANT CANCELLATION INFORMATION Cancellations by Participant/Applicant: A \$20 administration fee is applicable for any cancellations. Program/course to the Parks and Recreation Department. Programs with insufficient registration will be cancelled at Recreation departments' discretion — in the vent a program is cancelled, full refunds will be mailed to participant* DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS Disclaimer: Information contained in this form is for the use of Springwater Township only and will not be neaded update in this program at his or her own risk. The Township of Springwater accepts no liability for bodily nijury, death or property damage, whether caused by negligence or by any other reason.  Release: The participant and his or her parents/guardians release the Township of Springwater including their elected official, employees and agents, from all claims for loss or damage of any kind connected in any way to participation in this program, whether caused by negligence or otherwise. The Person signing this form cknowledges having read and understands the disclaimer and release and having voluntarily signed to indicate coceptance of the terms above.  FAX REGISTRATION TO: 705 728 2759  **Signature of Participant or their Parent/Guardian** Date  METHOD OF PAYMENT:  CHEQUE   CASH   VISA   MC  Please make cheques payable to: Township of Springwater  Card#   Expires			Health Concerns:		
Name(s): Address:	GOLF PROGRAM INF	O: DATE, TIME		COST	
Name(s): Address:	1			\$	
Name(s): Address:	2			\$	
Name(s): Address:	PARENT CONTACT	INFORMATION	(for children's und	er 16 ye	ars of age)
MPORTANT CANCELLATION INFORMATION			`		3 /
MPORTANT CANCELLATION INFORMATION Cancellations by Participant/Applicant: A \$20 administration fee is applicable for any cancellations. No refunds will be made unless at least 14 days cancellation notice is given prior to the start date of the program/course to the Parks and Recreation Department. Programs with insufficient registration will be cancelled at Recreation departments' discretion — in the event a program is cancelled, full refunds will be mailed to participant*  DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS Disclaimer: Information contained in this form is for the use of Springwater Township only and will not be nade public. The participant, including his or her parents/guardians, in signing this registration form chooses to narticipate in this program at his or her own risk. The Township of Springwater accepts no liability for bodily nightly, death or property damage, whether caused by negligence or by any other reason.  Release: The participant and his or her parents/guardians release the Township of Springwater including their elected official, employees and agents, from all claims for loss or damage of any kind connected in any way to participation in this program, whether caused by negligence or otherwise. The Person signing this form concentration in this program, whether caused by negligence or otherwise. The Person signing this form concentration in the program of Participant or their Parent/Guardian  Pate  METHOD OF PAYMENT:  CHEQUE   CASH   VISA   DATE  CHEQUE   CA					
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X Signature of Participant or their Parent/Guardian  METHOD OF PAYMENT:  CHEQUE   CASH   VISA   MC  Please make cheques payable to: Township of Springwater  Card# Expires/	event a program is cancelled DISCLAIMER OF LIABIL Disclaimer: Information of the participant of the participant in this program an injury, death or property dames	d, full refunds will be a LTY & RELEASE OF ontained in this form is t, including his or her pat this or her own risk. T	mailed to participant* CLAIMS for the use of Springwarents/guardians, in sign the Township of Springs	ater Town	ship only and will not be gistration form chooses to
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