

Seniors' Services Registration Form



Hamilton

**It is your responsibility to ensure information provided is correct.
Incomplete or inaccurate information could result in unsuccessful registration.**

Registrant's Information (Please Print)					
First Name				Client ID	
Last Name				Gender	
Address			Home Phone		
Email			Date of Birth		
<input type="checkbox"/> No, I do not want to be notified of upcoming recreation registration information and recreation announcements.					
City		Postal		Location	ASAC <input type="checkbox"/>
Membership #		Expiry			FSC <input type="checkbox"/>
					SACK <input type="checkbox"/>
					YMCA <input type="checkbox"/>
Emergency Contact			Emergency Phone		
Health/Special Needs					

CHOICE	CODE	PROGRAM TITLE/LEVEL	DAY	START TIME	FEE
First					
Second					

A valid membership is required at time of registration and must be valid for the entire duration of the program.

Please make cheque payable to the "City of Hamilton". Post-dated cheques will not be accepted. Cheques returned non-sufficient funds (NSF) or for any other reason will be assessed a \$32.95 Administration Processing Fee. If you have not received a confirmation notice a few days prior to your program start date please contact your local recreation centre. The City cannot be held responsible for lost or misdirected mail and reimbursements will not be given for missed classes.

I hereby release the City of Hamilton and its representatives from all claims for damages arising from participation of the applicant hereon during any program or in any location where a program is held. Permission is hereby granted to the Recreation Division and its representatives to transport my child to a hospital for medical treatment if necessary. The collection, use and disclosure of personally identifying information submitted on this form is governed by the Municipal Act, R.S.O. 1990, C.M.56. Personally identifying information will be used by the City of Hamilton to facilitate registration of the applicant into the requested recreation program, to produce aggregated statistical reports and to improve recreational programs provided by the City. Applicants may, from time to time, be contacted by the City or a City-contracted third party for the express purposes of assessing satisfaction and/or to obtain feedback on recreational services, facilities, pricing, promotion and/or other aspects of program delivery. The City will make every reasonable effort to protect the applicant's personally identifying information.

Questions about this collection, use and disclosure should be directed to: Recreation District Managers, City of Hamilton, Recreation Division, P.O. Box 2040, Hamilton, ON L8P 4Y5.

SIGNATURE _____ **DATE** _____

OFFICE USE ONLY	Confirmed info in CLASS		Date Form Received		Date stamp or write date here
	Payment Correct for Course Costs		Initial		
	Refund Required/Credit Left on Account				