

# 2010 FALL / WINTER PROGRAM REGISTRATION FORM

COMPLETE REGISTRATION FORM THOROUGHLY

**NO CHILD SHALL BE REGISTERED UNLESS REGISTRATION FORM AND PAYMENT ARE RECEIVED**



## PARTICIPANT INFORMATION (ONE REGISTRATION FORM PER PARTICIPANT)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number & Street)

\_\_\_\_\_  
(City) (Postal Code) HOME PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: F: \_\_\_\_\_ M: \_\_\_\_\_  
(MM / DD / YY)

HEALTH CARD NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DISABILITIES: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

ON MEDICATION: YES \_\_\_\_\_ NO \_\_\_\_\_ DETAILS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PARTICIPATION WAIVER:**

This signed consent form allows your child to participate in all supervised activities listed on this registration form. The City of Stratford Community Services Department is not responsible for any claim, loss, injury or damage to persons or to property, suffered during supervised activities.

PARENT/GUARDIAN INITIALS: \_\_\_\_\_

**PHOTO WAIVER:**

I give permission to the City of Stratford and the media to photograph and/or videotape my child for use in any future promotional material without compensation.

PARENT/GUARDIAN INITIALS: \_\_\_\_\_

**EMAIL WAIVER:**

I would like to receive a monthly email on upcoming youth programs. Email address shall not be used or disclosed for purposes other than those for which it was collected.

PARENT/GUARDIAN INITIALS: \_\_\_\_\_

**NOTICE OF COLLECTION:**

Personal information contained on this form is collected under the authority of the Municipal Act and will be used by City Staff for the purpose of administering recreational programs for the Community Services Department in the City of Stratford. Questions regarding the collection of this information may be directed to the Manager of Recreation & Marketing – Stratford Community Services Department, 519-271-0250, ext. 286 during business hours.

PAYMENT: Cash \_\_\_\_\_ Cheque (**Payable to: CITY OF STRATFORD**) \_\_\_\_\_ Receipts will be mailed out

RETURN TO STRATFORD ROTARY COMPLEX ALONG WITH PAYMENT  
(353 MCCARTHY ROAD)

**ALL PROGRAMS ARE NUT FREE**

**PA DAY PROGRAMS**

\$18.00 / participant

Friday, October 1, 2010 Rotary Complex – Community Hall \$ \_\_\_\_\_

Friday, November 5, 2010 Rotary Complex – Community Hall \$ \_\_\_\_\_

Wednesday, February 2, 2011 Rotary Complex – Community Hall \$ \_\_\_\_\_

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**CRAFTY KIDS**

Wednesdays (Oct. 20 – Dec. 8)

\$45.00 / participants (8 weeks)  
Rotary Complex – **Room #136**

\$ \_\_\_\_\_

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**MODERN FENCING (INTRODUCTION)**

**(Ages 11-15 years)**

Thursdays (Nov. 4 – Dec. 9)

\$170.00 / participant (6 weeks)

\$ \_\_\_\_\_

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**CHRISTMAS BREAK PROGRAM**

**WEEK I**

\$18.00 / participant / day

Monday, December 20, 2010 Rotary Complex – Community Hall \$ \_\_\_\_\_

Tuesday, December 21, 2010 Rotary Complex – Community Hall \$ \_\_\_\_\_

Wednesday, December 22, 2010 Rotary Complex – Community Hall \$ \_\_\_\_\_

Thursday, December 23, 2010 Rotary Complex – Community Hall \$ \_\_\_\_\_

**WEEK II**

Monday, December 27, 2010 Rotary Complex – Community Hall \$ \_\_\_\_\_

Tuesday, December 28, 2010 Rotary Complex – Community Hall \$ \_\_\_\_\_

Wednesday, December 29, 2010 Rotary Complex – Community Hall \$ \_\_\_\_\_

Thursday, December 30, 2010 Rotary Complex – Community Hall \$ \_\_\_\_\_

Christmas Break Total Payment \$ \_\_\_\_\_

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**YOUTH WINTER GOLF PROGRAM**

January 15 – February 19, 2011 – 6 weeks-Saturday AM

Instruction – Ages 4 – 7 years Time/Location - TBA \$45.00/participant \$ \_\_\_\_\_

Instruction – Ages 8 - 13 years Time /Location - TBA \$45.00/participant \$ \_\_\_\_\_

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**MARCH BREAK PROGRAM**

\$18.00 / participant / day

Monday, March 14, 2011 Rotary Complex – Tim Taylor Lounge \$ \_\_\_\_\_

Tuesday, March 15, 2011 Rotary Complex – Tim Taylor Lounge \$ \_\_\_\_\_

Wednesday, March 16, 2011 Rotary Complex – Tim Taylor Lounge \$ \_\_\_\_\_

Thursday, March 17, 2011 Rotary Complex – Tim Taylor Lounge \$ \_\_\_\_\_

Friday, March 18, 2011 Rotary Complex – Tim Taylor Lounge \$ \_\_\_\_\_

March Break Total Payment \$ \_\_\_\_\_

**PAYMENT: Cheque / Cash**

Personal Information contained on this form is collected by the Corporation of the City of Stratford under authority of the Municipal Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act.