Hamilton

Employment 411

REGISTRATION FORM

FREE Recreation Division program for anyone 14-21 years of age

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____

School: _____ Grade: _____

Home address: _____

Home Phone: _____ Email: _____

Parent/Guardian Name: _____ Phone Number: _____

EMERGENCY INFORMATION

Medical or Learning Needs Information: _____

_____

Allergies: _____ Is an Epi Pen Required? Yes / No

Emergency Contact Name: _____

Relationship to Participant: _____ Phone #: _____

PROGRAM DETAILS

Date: _____

Location: _____

DISCLAIMER & CONSENT

I hereby release the City of Hamilton, and its partners from all claims for damages arising from participation of the applicant here on 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 local doctor or hospital for medical treatment if necessary. The collection, use and disclosure of personally identifying information submitted on this form are governed by the *Municipal Act, R.S.O 1990, C.M.56.* Personally identifying information will be used by the City of Hamilton and its partners to facilitate registration of the applicant into the requested program, to produce aggregated statistical reports and to improve future programs. Applicant may, from time to time, be contacted by the City, or City-contracted third party for the express purposes of assessing satisfaction and/or obtaining 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.

Participant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____