

**LEISURE SERVICES REGISTRATION FORM**

**PLEASE PRINT**

**How did you discover the programme(s) or course(s)?**

Leisure Guide \_\_\_\_\_ News Paper \_\_\_\_\_ Radio \_\_\_\_\_ Friend \_\_\_\_\_ Poster \_\_\_\_\_ Handout \_\_\_\_\_  
Town Web Site \_\_\_\_\_

---

---

Participant's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ Participant's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y M D

Home Telephone # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Telephone # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent/Guardian Name (If Applicable) \_\_\_\_\_

**Participant's Medicare #:** \_\_\_\_\_

---

---

Name of Course \_\_\_\_\_ Fee: \_\_\_\_\_  
or Programme

\_\_\_\_\_ Fee: \_\_\_\_\_

Total Amount: \_\_\_\_\_

---

---

Payment may be made by **Cash/Cheque/Debit/Visa/Mastercard**

Please make cheques payable to the **TOWN OF OROMOCTO**

**REFUND POLICY:**

Leisure Services wants you to be totally satisfied with the programme in which you are registered. If you wish to withdraw from the programme for any reason you will:

1. Receive a pro-rated refund; ie: You only pay for the classes that have been conducted.
  2. Receive a credit that can be applied to another programme.
  3. **Refunds must be requested within two weeks after the first class.**
- 
- 

**WAIVER & RELEASE:**

I release and discharge the Town of Oromocto, the Department of Leisure Services, and the programme/course instructor from any claims, injuries, losses, or liabilities suffered or incurred as a result of my (or my child's) participation in any Leisure Services programme, course or special event. I have read and understood the above waiver & release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date