

DEPT. OF RECREATION and TOURISM REGISTRATION FORM

PLEASE PRINT

How did you discover the program(s) or course(s)?

Recreation Oromocto Guide____ News Paper____ Radio____ Friend____ Poster ____
Handout ____Town Web Site____ Other____

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 Program

_____ Fee: _____

Total Amount: _____

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

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

REFUND POLICY:

Recreation and Tourism wants you to be totally satisfied with the program in which you are registered. If you wish to withdraw from the program 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 program.
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 Recreation and Tourism, 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 Recreation program, course or special event. I have read and understood the above waiver & release.

Signature

Date