



Family Name of Participant(s):		
Address:		
City:	Postal Code:	Allergies / Medical / Health
Telephone (home):	Telephone (work):	
Cellular Phone:	Email Address	

*Please complete this section for participants under 18 years old.*

Mother's Last Name:	First Name:	Telephone:
Father's Last Name:	First Name:	Telephone:

First Name	M / F sex	Date of Birth (y/m/d)	Medicare Card Number & Expiration Date	Program Name	Day / Time	Level	Fee

<b>I will be able to volunteer as a coach: (If applicable) Name:</b> _____	<b>TOTAL</b>
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**WAIVER - CONDITION OF PARTICIPATION IN ANY CSR DEPARTMENT PROGRAM**

*I hereby assume all risks relating to the activity for which I register, whether inherent therein or foreseeable or not, and I hereby release the Town of Hampstead, its employees, officers, agents and volunteer workers (all hereafter called the Town) from, and waive and renounce to, any claim for loss or damage to person or property, however arising, to the complete exoneration of the Town, and will save the Town harmless from any such claim in principal interest and costs. If I sign the present in my capacity either as a parent or guardian, to enable a minor to participate in a program, I acknowledge it is subject to the same waiver as I am the participant. Furthermore, by signing as a parent or guardian, I hereby agree to indemnify and hold harmless the Town of Hampstead, its employees and volunteer workers from any claims for any accident, injury or loss which I or the minor child I am signing for may sustain while participating in the program activity. The Town of Hampstead is not liable for any material prejudice but not limited to, theft or loss of items, by a participant or by any other person. Further, I understand that any information which is found to be false will automatically cancel the registration, without recourse for refund. In situations whereby any services are required due to an emergency, such as ambulance, the entire cost is to be covered by the participant. I hereby authorize, at my expense, whatever medical treatment my child (if applicable) may require in the event of any emergency. Registrants are urged to obtain their own insurance.*

**REFUND POLICY:** Only signed and dated written requests will be considered for refund. All refunds will be subject to an administrative charge of 20%. Any refund requested after the start of the program, but only up to completion of one third of said program, will be pro-rated. After completion of one third of said program, no refund will be granted. The above statement is applicable to all recreation programs administered by the Town of Hampstead. (Except Day Camp, Pool and Tennis)

<b>Method of Payment</b>	<i>Received by: (reserved for administration)</i>
Please make cheques payable to the Town of Hampstead	
Cash: _____ Cheque: _____ Interac: _____ Visa: _____ MasterCard: _____	
Card No. _____ Exp. _____	
Name of Cardholder: _____	

<b>Waiver For Use of Photographs Taken During Activities</b>
<i>I authorize the CSR department to take photographs during programs and activities which I have registered for or attend. I understand that these pictures may be used for future promotional purposes, without any compensation.</i>
Signature : _____

<b>Acknowledgement of Activity Waiver / Refund</b>
Signature: _____
Date: _____