



TOWN OF BEAUMONT PROGRAMS REGISTRATION FORM

Please use cheque or money order for mail-in or drop-off registrations. Make cheques payable to the Town of Beaumont. Registration and a signed waiver required for all programs.

Surname: _____ Parent/Guardian Name: _____

Address: _____ Postal Code: _____

Telephone Numbers:(Home) _____(Work/Cell) _____

E-mail Address: _____

Where did you hear about the program ? Web Site Town Brochure Newspaper Friend Other _____

Participant Name	Birth Date dd/mm/yy	Male/ Female	Program	Date/Time	Fee

Allergies: _____

Medical Considerations: _____

Gymnastics badge last received: _____

If the above course is full, would like to:

- Remain on waiting list Have a Refund Mailed Register in an Alternative Course

The following Waiver for Activities must be completed before attending any program.

Waiver for Activities

I give permission for myself/my child(ren) _____ to participate in the above noted program. I understand the nature of the activity, the limited supervision provided and that there are inherent risks associated with this activity and that I or my child(ren) could sustain personal injury through participation in this activity and I am hereby accepting to take that risk on behalf of myself or my child(ren).

I hereby agree to save harmless and indemnify the Town of Beaumont, its organizers, agents or employees against claims, expenses and demands in respect to injury or death arising out of myself or my child(ren) taking part in this activity but limited to taking part in this activity.

Signature of Participant/Parent or Guardian (if under 18) _____

Witness _____

Date: _____

The personal information requested on this form is being collected under the authority of the Municipal Government and Freedom of Information and Protection of Privacy Acts. The information collected will be used as required for program registration, program cancellation notification, accounting purposes and medical emergencies. Photographs will be used/published for advertising and promotional purposes. If you have any questions about the collection or use of your personal information, contact the Town of Beaumont's FOIP Coordinator at 5600 - 49 Street, Beaumont, AB T4X 1A1 or (780) 929-8782