

City of Kingston Program Registration Form

Part A: Family Information - Please print clearly.

Adult/Parent/Guardian Family Name	First Name	DOB (m/d/y)	Sex <input type="checkbox"/> F <input type="checkbox"/> M
Address	Apt./Unit #	Postal Code	New applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Kingston, ON <input type="checkbox"/> Other (please specify)	Home Phone #	Cell Phone #	
Work Phone #	E-mail	Change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Medical Information

Is there any medical information or special needs you would like us to know about? Yes No

Participant's Name: _____ Is the condition life threatening if left untreated? Yes No

Part B: Participant Information - Can be used for more than 1 family member.

Participant 1 Family Name		First Name	DOB (m/d/y)	Sex <input type="checkbox"/> F <input type="checkbox"/> M		
Course Code #	Activity Name	Location	Start Date/Time	Fee \$	Tax	Total \$
Course Code #	Activity Name	Location	Start Date/Time	Fee \$	Tax	Total \$
Participant 2 Family Name		First Name	DOB (m/d/y)	Sex <input type="checkbox"/> F <input type="checkbox"/> M		
Course Code #	Activity Name	Location	Start Date/Time	Fee \$	Tax	Total \$
Course Code #	Activity Name	Location	Start Date/Time	Fee \$	Tax	Total \$
						Total \$

* If a program is full, the applicant will be placed on a waiting list

Program Participants - I understand that there are risks involved in participating in any activity or program and I acknowledge that my choice to participate or register my children in the above-mentioned activity or program brings with it the assumption by me of those risks. I am aware of no physical or other reason why the above-named person should not participate in this program. I do hereby release the City of Kingston and its employees and agents from any claim whatsoever arising from my participation or from my children's participation in any program, or in any facility or location where a program is held.

Parent/Guardian/Participant Signature

Name (print)

Date (m/d/y)

Part C: Payment - No post-dated cheques

Cash Cheque - Payable to the City of Kingston Money on Account

  

Credit Card #: _____

Expiry Date: _____ Amount to be charged \$: _____

Card Holder Name (Please Print): _____

Signature: _____

Office Use Only

Cash/Cheque Amt \$ _____ Process Date: _____ Clerk: _____

Submission does not guarantee placement in a program. **If you do not receive confirmation one week prior to the start of the program, please call 613-546-7998, ext. 1700.**

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to), names, addresses, medical/physical concerns, is collected under the authority of the Municipal Act, 2001, and in accordance with MFIPPA, and all other relevant legislation. Personal information will be used for the purpose of program registrations, payments, mailings and improving service to our participants. Questions regarding the collection, use, and disclosure of this personal information may be directed to the Corporate Records and Information Officer, City Clerk's Department, 216 Ontario Street, Kingston, Ontario, K7L 2Z3.