



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 F M

Address Apt./Unit # Postal Code New applicant?
 Yes No

Kingston, ON Home Phone # Cell Phone # Change of address?
 Other _____ Yes No

Work Phone # _____ E-mail _____

Family Medical Information:

Are there any special needs, allergies or any medical information that you would like us to know about? Yes No

Participant's Name: _____

Is the condition life threatening if left untreated? Yes No

Part B: Registration Information *Can be used for more than 1 family member*

Participant 1 Family Name First Name DOB (m/d/y) Sex F M

Program Code #	Program Name	Location	Start Date/Time	Fee	Tax	Total
_____	_____	_____	_____	\$_____	\$_____	\$_____

Program Code #	Program Name	Location	Start Date/Time	Fee	Tax	Total
_____	_____	_____	_____	\$_____	\$_____	\$_____

Participant 2 Family Name First Name DOB (m/d/y) Sex F M

Program Code #	Program Name	Location	Start Date/Time	Fee	Tax	Total
_____	_____	_____	_____	\$_____	\$_____	\$_____

Program Code #	Program Name	Location	Start Date/Time	Fee	Tax	Total
_____	_____	_____	_____	\$_____	\$_____	\$_____

If a program is full, the applicant will be placed on a waitlist **Total \$** _____

Submission of program registration form does not guarantee placement in a program. If you do not receive confirmation one week prior to the start of the program, please call 613-546-4291 ext. 1900, 1800 or 1700.

Program Participants – I understand that there are risks involved in any activity or program and I acknowledge that my choice to participate or register my children in the above mentioned activity, program or facility membership 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 or activities. I do hereby release the City of and its employees and agents from any claim whatsoever arising from my participation or from my children's participation in any program, activity or services in any facility or location where the programs, activities or services are held. I also give my permission to the City of Kingston to use any photographs/videos of myself/any child(ren) participating in the above named program for promotional purposes.

Parent/Guardian/Participant Signature	Name (print)	Date (m/d/y)
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Part C: Payment Information *No post-dated cheques*

- Cash
 Cheque (payable to the City of Kingston)
 Authorized Gift Card
 Visa
 MasterCard
 American Express
 Debit
 Visa Debit

Please do not email or mail in your credit card information.

Office Use Only Amount Paid \$ _____ Process Date: _____ Cashier Initials: _____
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Notice of Collection - Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to) your name, contact information, and any comments, is collected and will be used in accordance with MFIPPA and all other relevant privacy laws. All information received will be used by City staff in the provision of services. Questions regarding the collection, use, and disclosure of your personal information should be directed to Supervisor, Customer and Administrative Services, 216 Ontario Street, Kingston ON K7L 2Z3, recreation@cityofkingston.ca or 613-546-4291.