

## **City of Kingston Program Registration Form**

Part A: Family In	formation *Pleas	e print cle	arly*				
Adult/Parent/Gua	rdian Family Nai	me Firs	t Name	DOB (ı	m/d/y)	Sex □ F	□М
Address	Apt./U	nit #		l Code		New app □ Yes	
☐ Kingston, ON☐ Other	Home			hone #		Change	of address? □ No
Work Phone #			E-mai	l			
Family Medical I Are there any spet to know about? Participant's Nam Is the condition life	ecial needs, aller □ Yes □ No ne:				tion th	at you wo	ould like us
Part B: Registrati	ion Information *	Can be use	ed for m	ore tha	n 1 faı	mily men	nber*
Participant 1 Fam	nily Name	First Name	)	DOB (r	m/d/y)	Sex □ F	. 🗆 M
Program Code #	Program Name					Tax \$	
Program Code #				te/Time	Fee		Total
Participant 2 Fam	nily Name	First Name		DOB (r	⊅ m/d/y)	Ψ Sex □ F	Ф
Program Code #	Program Name	Location	— Start Date	e/Time	Fee	Tax	Total

If a program is full, the applicant will be placed on a waitlist  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)  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:	Program									
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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.

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