

**THE TOWN OF MIDDLETON
RECREATION & COMMUNITY SERVICES DEPARTMENT**



ADULT PROGRAM REGISTRATION FORM

Program: _____
Participants Name: _____
Birth Date: _____ M/F: _____
Health Card#: _____
Address: _____
Phone #: (Home) _____ (Cell) _____
Email Address: _____
Emergency Contact: _____
Phone #: _____

We do our best to offer the number of weeks that are advertised for our recreation programs. Unfortunately sessions missed due to weather, the instructor being unavailable, or the facility not being available for use can not always be made up. We apologize for inconvenience.

Cancelled classes will be noted on the Events and Programs Calendar at discovermiddleton.ca and on Facebook and Twitter.

Photo Release

We occasionally take photos during our programs to use in future promotion in print and online. Do we have your permission to use photos of you in our promotions?

Y/N _____ Signature: _____

Mailing List

Due to new legislation the Town of Middleton requires your consent to send emails regarding this program. This includes changes to class or cancellations, as well as information on session start dates. Please select one of the following options below and sign at the bottom.

- 1) Please send me emails regarding all recreation programs
- 2) Please send me emails regarding ONLY this program
- 3) I do not consent to any emails.

Signature: _____ Date: _____

Standard Waiver & Release Form

Having registered for the above program, I hereby release the Middleton Department of Recreation and Community Services, the Town of Middleton, their employees, coaches and volunteers from any liability or responsibility from any property damage, or loss, personal injury; including loss of life. And agree not to make any claims, demands, or take any legal action against them should one of the above occur during the aforementioned program(s).

Signature Date

- **Winter Session Waiver**

Signature Date

- **Spring Session Waiver**

Signature Date