



Town of Aurora Registration Form



Has your address/telephone # changed since your last registration YES NO

FAMILY INFORMATION

Adult/Parent/Guardian's Last Name		Home Phone	Email Address
Family Address	Apt. Unit	Town	Postal Code
		<input type="checkbox"/> Male <input type="checkbox"/> Female	Emergency Contact Name
Adult/Parent/Guardian First Name	Cell/Business Phone		
		<input type="checkbox"/> Male <input type="checkbox"/> Female	Emergency Contact Phone
Adult/Parent/Guardian First Name	Cell/Business Phone		

PARTICIPANTS INFORMATION

Last Name		First Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthday (M)____ (D)____ (Y)____		Special Needs/Medical Information			
Program Name(s)		Day(s)/Week(s)	Code(s)	Fee(s)	

PARTICIPANTS INFORMATION

Last Name		First Name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthday (M)____ (D)____ (Y)____		Special Needs/Medical Information			
Program Name(s)		Day(s)/Week(s)	Code(s)	Fee(s)	

PAYMENT OPTIONS

Circle Payment Type: Cheque Cash Debit MasterCard Visa

Cheque payable to: Town of Aurora

Credit Card # _____ Exp. Date _____

Card Holder Name (print clearly) _____

Signature _____

Signature

I hereby release the Town of Aurora from all claims for damages arising from any accidents or injury which are caused by or arise from participation of the applicants named above, during any program or in any facility or at any location. The Town of Aurora reserves the right to use photographs of recreation programs for promotional purposes.

PERSONAL INFORMATION ON THIS FORM IS COLLECTED AND RETAINED UNDER THE AUTHORITY OF THE MUNICIPAL FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT.