



# PROGRAM REGISTRATION FORM

Registration Forms can be DROPPED OFF, MAILED, FAXED 905-859-8018 or EMAILED [programs@king.ca](mailto:programs@king.ca):  
DROPPED OFF or MAILED:

- Dr. William Laceyby Nobleton Community Centre and Arena, 15 Old King Road, Nobleton or
- Trisan Centre, 25 Dillane Drive, Schomberg or
- Township of King Municipal Offices, 2075 King Road, King City

## ADULT/PARENT/GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ P.O Box #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

Business Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Participant #1  
Full Name: \_\_\_\_\_ Birth Date (DD/MM.YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

PROGRAM	CODE	LOCATION	DAY	TIME	FEE TOTAL
<b>Fee Total</b>					

Yes	No	
		Does participant have any medical conditions, allergies or special needs? If yes, please list and specify: _____ _____
		Does participant carry an epi-pen or medication?
		I hereby grant permission to the Township of King to include participants likeness (i.e. Photographs, videos, etc) in displays or media promoting recreational programs?
		Is there a parental custody agreement that we need to be aware of?

Participant #2  
Full Name: \_\_\_\_\_ Birth Date (DD/MM.YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

PROGRAM	CODE	LOCATION	DAY	TIME	FEE TOTAL
<b>Fee Total</b>					

Yes	No	
		Does participant have any medical conditions, allergies or special needs? If yes, please list and specify: _____ _____
		Does participant carry an epi-pen or medication?
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