## REGISTRATION STARTS DEC. 5/17

## TWO WAYS TO REGISTER:

## Register ONLINE at www.summerland.ca or in person at the Recreation Office.

Visa, Mastercard, Interac, Cash or Cheque. No post dated cheques.

RECREATION DEPT. • 13205 Kelly Avenue, Summerland

HOURS: Monday - Friday 8:00am - 4:00pm

MAIL IN / DROP OFF REGISTRATION FORM								
Parent (Guardian) Full Name	:							
Email Address:								
Day Phone:				Eve. Phone:				
Mailing Address:				Emergency				
City:				Contact:				
Prov Postal Code			Phone	Phone:				
	PARTICIPA	NT AND	PROGRAM INF	ORMATION				
PARTICIPANTS FIRST & LAST NAME	BIRTHDATE MANDATORY	AGE (IF UNDER 19)	PROGRAM TITLE EXAMPLE: SP1	SWIM LEVEL EXAMPLE: SEA OTTER	DAY/TIME	CODE#	FEE	
					<del> </del>			
SECOND CHOICE OF PROGRAMS SHOULD FIRST CHOICE BE FULL								
SHOOLD THIST CHOICE BE FOLE								
						TOTAL FEES		
PLEASE WAIVER I/We, the undersigned, hereby acknowledge its employees, program instructors or office the above and consent to participate in the Signature of participant or parent/guar	that certain risks of rs shall not be liable t program acknowled	injury are inh for any injury (	or damage from partic	in recreational activi	ties and agree that th			
if participant under 19 years of age:				Date:				
What class or program would you lil	ke to see us offer	?						