



# The Centre Program Registration Form

Adult/Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Centre Member:        Yes or No

**Participant 1 (if different from above):**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Gender:        M        F

**Participant 2 (if different from above):**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Gender:        M        F

**Participant 1**

Class Name/Skill Level: \_\_\_\_\_  
 Class Day(s): \_\_\_\_\_  
 Class Time(s): \_\_\_\_\_  
 Class Date(s): \_\_\_\_\_

**Participant 2**

Class Name/Skill Level: \_\_\_\_\_  
 Class Day(s): \_\_\_\_\_  
 Class Time(s): \_\_\_\_\_  
 Class Date(s): \_\_\_\_\_

All members are required to present a valid membership card for identification when using Centre facilities and programs. Membership privileges and cards are not transferable and remain the property of the New Richmond Area Centre, Ltd., and must be returned upon request. Community members must present a valid picture identification to gain access to the New Richmond Area Centre facilities.

I understand and agree that I, and my family, are solely responsible for determining whether my health condition is proper to allow me to participate in athletic, sports or activities programs or the use of any equipment. I agree that the New Richmond Area Centre, Ltd. its officers, agents and employees are not responsible for any injuries or illnesses that I may suffer as a result of participation in any activity sponsored by the Centre or resulting from the use or misuse of any equipment. I explicitly release and discharge the New Richmond Area Centre, Ltd. and its officers, agents and employees from any claim for injury, death, loss or damage I may suffer as a result of activities at the Centre facility or sponsored by the Centre.

The New Richmond Area Centre, Ltd. periodically takes pictures of members and participants to use for promotional purposes and program materials including program brochures and the New Richmond Area Centre, Ltd. website. If you do not want pictures of yourself or your family used in this way, please visit Member Services.

I understand that in the event my child needs immediate medical attention for injuries received while participating in a Centre program, I authorize Centre staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed. I hereby acknowledge that the Centre will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the Centre that indicates otherwise.

I understand and agree that the New Richmond Area Centre, Ltd. is not responsible for any property lost or stolen at the Centre's premises or while I am participating in any Centre activity.

\_\_\_\_\_  
 Parent/Guardian or Adult Participant Signature

\_\_\_\_\_  
 Date