



Course Registration Form

Please fully complete this form and submit to a reception desk at a City of Oshawa recreation facility for processing. Incomplete forms may result in delays in processing program registration. Please print clearly.

Family Information

For parent/guardian, or adult participant information. Provide a secondary contact person in the emergency contact section. Provide an email address to access activeOshawa Online and to receive important email correspondence regarding your course(s).

Last Name (Parent/guardian, adult)		First Name (Parent/guardian, adult)		Date of Birth (yy/mm/dd)	Gender M F X
Address (including apt, unit, etc.)		City		Postal Code	
Home Phone Number	Work Phone Number	Cell Phone Number	Email		
Emergency Contact Name		Emergency Contact Relationship		Emergency Contact Phone Number	

Photograph Consent and Waiver

Photo consent is optional, while the waiver is mandatory. Please check the respective boxes and sign and date.

Photograph Consent

I give permission to the Corporation of the City of Oshawa (the "City"), its employees, agents, and assigns to take photographs of my child and/or myself during this course session and use my photograph in the City's future promotional materials, including on the City's website. I understand that the City cannot control unauthorized use of my photograph once the photograph has been published. I hereby forever waive any right to inspect or approve any photograph taken by the City.

Waiver - Registrants must sign and agree to waiver

I agree to release and save harmless the City, and its employees and other agents from any and all claims or other proceedings, regardless of who makes them, in respect of any damage or injury arising by reason of participation in the course by myself or the person(s) who are shown as the "participant(s)". The City, its employees, and/or agents are not responsible for personal injury (including death) and/or damage, loss, or theft of personal belongings while participating in City provided courses and/or programs. I certify I am able to undertake any activities required of me, including physical activities, to participate in City provided courses and/or programs. I understand the inherent physical risks associated with participating in exercise based activities. We strongly advise that you consult with your physician before you begin any type of exercise program.

Signature: _____ Date: _____

Participant 1 Information

Children should only be registered by their parent or legal guardian

Provide participant and course information. If the course is full, the participant will be waitlisted. Add additional participants on the back of the form.

Last Name (Participant)		First Name (Participant)		Date of Birth (yy/mm/dd)	Gender M F X
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	

Health and Individual Support Information: To promote successful program participation and ensure the safety of this participant and others, please provide information such as medical conditions (e.g., allergies or seizure disorders), support needed for activities of daily living, and potential program modifications related to behaviour management, communication, hearing, mobility, self-regulation, sensory considerations, or vision.

Participant 2 Information

Children should only be registered by their parent or legal guardian

Provide participant and course information. If the course is full, the participant will be waitlisted.

Last Name (Participant)		First Name (Participant)		Date of Birth (yy/mm/dd)	Gender M F X
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	

Health and Individual Support Information: To promote successful program participation and ensure the safety of this participant and others, please provide information such as medical conditions (e.g., allergies or seizure disorders), support needed for activities of daily living, and potential program modifications related to behaviour management, communication, hearing, mobility, self-regulation, sensory considerations, or vision.

Participant 3 Information

Children should only be registered by their parent or legal guardian

Provide participant and course information. If the course is full, the participant will be waitlisted.

Last Name (Participant)		First Name (Participant)		Date of Birth (yy/mm/dd)	Gender M F X
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	
Course ID	Course Name	Facility	Start Date	Time	

Health and Individual Support Information: To promote successful program participation and ensure the safety of this participant and others, please provide information such as medical conditions (e.g., allergies or seizure disorders), support needed for activities of daily living, and potential program modifications related to behaviour management, communication, hearing, mobility, self-regulation, sensory considerations, or vision.

To withdraw from a course, a Course Refund Request Form is required. An administrative fee may apply.

Visit [Oshawa.ca/NewsCentre](https://www.oshawa.ca/NewsCentre) to see City of Oshawa updates, to follow us on social media or to subscribe to news and alerts.

Personal information included on this form may be shared with City of Oshawa partnership program vendors to administer recreational programming. This form may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended. This information will be used and maintained by the City of Oshawa to register participants for any recreation program. Questions regarding this collection may be directed to the City's Information Access and Privacy Officer, City of Oshawa, 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, 905-436-3311.