



VILLAGE OF NEW MINAS

PROGRAM REGISTRATION FORM

PLEASE COMPLETE ALL APPLICABLE SECTIONS – PLEASE PRINT

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE #: _____

WORK PHONE #: _____

CELL PHONE #: _____

HEALTH CARD #: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE #: _____

DATE OF BIRTH: _____

PARENTS'/GUARDIANS' (if applicable): _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE#: _____

EMERGENCY CONTACT RELATIONSHIP: _____

PLEASE STATE ALL MEDICAL CONDITIONS (We should be aware of):

PLEASE STATE WHICH PROGRAM YOU ARE REGISTERING FOR:

(PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR EACH PROGRAM

(COPY CAN BE MADE AFTER TOP SECTION IS COMPLETED FOR MULTIPLE PROGRAM REGISTRATIONS)

PROGRAM NAME: _____

FEE: _____

(CASH, CHEQUE, DEBIT, M/C, VISA TO BE PAID AT VILLAGE OFFICE)

(PLEASE MAKE CHEQUES PAYABLE TO: **VILLAGE OF NEW MINAS**)

I, the undersigned, do hereby agree to allow the individual aforementioned to participate in the stated registered program, and I further agree to indemnify and hold the Village of New Minas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. I further authorize the administration of any first aid steps that may be deemed necessary by qualified personnel. I also agree, as a participant of any paid or free event, class, activity or program to grant full permission to the Village of New Minas to use my name and any photographs, videos, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information provided is true and accurate.

SIGNATURE: _____

DATE: _____

Tel: 902-681-9699 Fax: 902-681-0779

Email: ericad@newminas.com