Recreation Services

Program Registration Form

Separate forms are required for different locations, seasons and registration dates. If you **do not** have a Family Account PIN and/or Log-in ID for **each** family member, complete a **Family Account PIN & Log-in ID Request Form**. **Please note:** proof of ID and/or residency will be required. Bring completed form(s) to your local community centre by 9pm the day before the registration date to be processed on time.

Section 1: Family Account Information

Go paperless! Register online at vaughan.ca/**RecOnline**

Contact Name: _____ Season: _____

Full Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

☐ Check box to receive email updates. You can unsubscribe at any time.

Section 2: Program Information

Participant Name #1:			**Log-in ID:**	
Choice	**Program Name**	**Community Centre/Location**	**Program Code**	**Fee**
1st				
2nd				
3rd				

Participant Name #2:			**Log-in ID:**	
Choice	**Program Name**	**Community Centre/Location**	**Program Code**	**Fee**
1st				
2nd				
3rd				

Participant Name #3:			**Log-in ID:**	
Choice	**Program Name**	**Community Centre/Location**	**Program Code**	**Fee**
1st				
2nd				
3rd				

Section 3: Authorization

This waiver must be signed in order for this registration application to be processed.

Permission is hereby granted to Recreation Services or its representative to transport my child(ren) to a local doctor or hospital for medical treatment if necessary. I agree to release, discharge, to indemnify and save harmless the City of Vaughan from and against all claims or proceedings in respect of any costs, losses, damage, or injury. By registering in a program I agree to medical attention and accept inherent risks associated with the program.

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, 201,S.O. 2001 c.25, as amended. This information will be used by the City of Vaughan and will become a part of Recreation Services files, where applicable. Questions regarding this collection may be directed to the Director of Recreation Services, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1, 905.832.8500.

Signature: _____ **Date:** _____

Section 4: Payment Information

All returned cheques and declined credit card payments have an administration fee of $30 +HST. Separate cheques are required for each participant. If 2nd and 3rd choices have different fees, please enclose separate cheques for each choice. Non-Vaughan residents add $10 per program.

How do you wish to pay? ❑ Cheque (payable to: **City of Vaughan**) ❑ Visa ❑ MasterCard ❑ American Express

Credit Card Authorization

Credit Card # |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Exp. |_|_| – |_|_| CVV2 (security code) |_|_|_|

Print Cardholder's Name: _____ Signature: _____