

The information collected on this form will only be used for the provision of the program you have registered.

## REGISTRATION FORM

| <b>Sturgeon County</b><br>9613 - 100 Street, Morinville, Alberta T8R 1L9<br>Drop off box location 9610 – 100 Street, Morinville |      |                     |     | Phone: 780-939-4321 or 1-866-939-9303 Fax: 780-939-2893<br>Office Hours: 8:30 a.m. - Noon - 1:00 – 4:30 p.m.<br>Website: <a href="http://www.sturgeoncounty.ab.ca">www.sturgeoncounty.ab.ca</a> |            |   |
|---|------|---------------------|-----|---|------------|---|
| Family Name   |      |                     |     | Parent/Guardian First Name  |            |   |
| Mailing Address   |      |                     |     | Town  |            | Postal Code   |
|   |      |                     |     |   |            | <input type="checkbox"/> Urban <input type="checkbox"/> Rural |
| Phone Numbers   |      | Home:               |     | Email address (if you would like to receive information on program via email):  |            |   |
| Work:   |      | Cell:               |     |   |            |   |
| Medical Information:  |      |                     |     | Office Use Only: Receipt No:  |            |   |
|   |      |                     |     | GL:   |            | Project Code:   |
| Course No.  | Last | Child(s) Name First | Age | Gender  | Program    | Fee   |
|   |      |                     |     |   |            |   |
|   |      |                     |     |   |            |   |
|   |      |                     |     |   |            |   |
|   |      |                     |     |   |            |   |
|   |      |                     |     |   |            |   |
|   |      |                     |     |   |            |   |
|   |      |                     |     |   |            |   |
|   |      |                     |     |   |            |   |
| _____Cheque_____Cash_____M/C*_____Visa*_____Interac<br>*Please print Visa/Mastercard details at bottom of page                  |      |                     |     |   | TOTAL FEES |   |
| Your Registration will not be processed unless the Waiver Form is signed.   |      |                     |     |   |            |   |

### LIABILITY AND PERSONAL INFORMATION WAIVER

The personal information provided will be used to register yourself or your child in a Sturgeon County program or activity and is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Sturgeon County FOIP Coordinator at 9613 - 100 Street, Morinville, Alberta T8R 1L9 780-939-8366.

Under Section 38 of the Freedom of Information and Protection of Privacy Act, Sturgeon County must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Also, Sturgeon County must comply with Sections 39 and 40 when using and disclosing personal information.

I, (Parent/Guardian Name) \_\_\_\_\_, have informed myself of any and all risks that could  
(Please Print)

take place due to my child's participation with the program and hereby release the Municipality or Agency, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly, from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for my children. I acknowledge having read and understood this release and accept the terms therein.

Signature of Parent/Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

M/C or Visa Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_