

VILLAGE OF THORSBY

Juvenile Program Registration

The personal information contained on this form is collected under Section 32C of the Freedom of Information and Protection of Privacy Act and will only be used for the purpose of participating in Parks and Recreation Programs. If you have any questions about this collection, please contact Village of Thorsby, Box 297, Thorsby, AB T0C 2P0 (780)789-3935.

PROGRAM _____ PROGRAM DATE _____

NAME OF CHILD _____ AGE _____

ADDRESS _____

THORSBY/COUNTY RESIDENT? (Please circle one) PHONE _____

EMERGENCY CONTACT _____ PHONE _____

***** The emergency contact will be responsible for providing the Alberta Healthcare Number of the participant in the event of an emergency *****

SPECIAL MEDICAL CONSIDERATIONS (Please give details)

INDEMNITY FORM

I/We agree to indemnify and save harmless the Village of Thorsby, its servants, agents, employees, or instructors from any expense, injury, loss, claim, action or other charge or damage incurred while participating in Village of Thorsby Recreation Programs. I understand that the risk involved in this program include injuries due to participant's carelessness.

I _____ (parent or guardian), **have read and understand** the above indemnity agreement on this _____ day of _____, 20____, and give _____ (participant) permission to participate in the above activity.

Participant Signature

Witness

For Office Use
RPD J 06 00-01

Amount _____
Cash _____ Cheque _____