

Town of St. Stephen Advanced Leadership Registration



Account Holder Information

Guardian's Name: _____		Email Address: _____	
Contact Number: _____		Alternative Number: _____	
Address: _____	Town/City: _____	Postal/Zip Code: _____	

Participant Information (If Different from Account Holder)

Name: _____		Email Address: _____	
Contact Number: _____		Alternate Number: _____	
Date of Birth (DD/MM/YY): _____		Medicare Number: _____	Exp: _____
Important Medical Information and/or Notes: _____ _____			

Course Information

Course Options	Selected Course(s)
Lifesaving Instructor	<input type="checkbox"/>
Exam Standards Clinic	<input type="checkbox"/>
National Lifeguard Instructor	<input type="checkbox"/>
First Aid Instructor	<input type="checkbox"/>

For Office Use Only

Course Dates (with selected options)			

Course Hours (with selected options)							
Start	End	Start	End	Start	End	Start	End

Amount Owing: _____

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Garcelon Civic Center Liability and Waiver Form



I have read the regulations for my use of the Town of St Stephen's Garcelon Civic Center and agree to be bound by them.

I acknowledge that "The Town of St. Stephen and the Garcelon Civic Center, its respective servants, agents, employees or officials" (collectively referred to as the "Town") are not responsible for any injury, loss or damage of any kind sustained by any person while registered and/or participating in any and all activities associated with adult league hockey at the Garcelon Civic Center; including injury, loss, or damage which might be caused by the negligence of the Town.

I agree to waive all claims that I have or may in the future have against the Town arising out of any aspect of my participation in the programs or activities and to release the Town from any and all liability resulting from any loss, damage, expense or injury, including death, that I may suffer or that my heirs or assigns may suffer resulting from my participation in these programs or activities.

By executing this document, I agree to hold the Town harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in programs or activities offered.

I have read this release of liability and assumption of risk agreement, and I fully understand its terms. I have been provided with the opportunity to obtain independent legal advice and I hereby waive my right to obtain Independent Legal Advice and I have signed this form freely and without duress, coercion or undue influence and knowing that I may have limited my legal recourse by doing so.

Name of Participant

Date

Signature