



# Garcelon Civic Center Program Registration Form



## Have you registered with us before?

- If **YES**, you are not required to fill out this form again unless any of the below information has changed
- If **NO**, please provide us with the following information:

### Account Holder's information:

Guardian's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

#### Additional Guardian Information:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternative Number: \_\_\_\_\_

### Participant(s) Information

Participant's Name: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Medicare # (if applicable): \_\_\_\_\_ Exp. \_\_\_\_\_

Important Medical Information or Notes: \_\_\_\_\_

Program or Swim Level	Day	Time

Participant's Name: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Medicare # (if applicable): \_\_\_\_\_ Exp. \_\_\_\_\_

Important Medical Information or Notes: \_\_\_\_\_

Program or Swim Level	Day	Time

Participant's Name: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Medicare # (if applicable): \_\_\_\_\_ Exp. \_\_\_\_\_

Important Medical Information or Notes: \_\_\_\_\_

Program or Swim Level	Day	Time



# 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