Program Registration Form

Non-members must complete each section.

Membership #: _____ **Date Submitted (*staff use only*):** _____

Signature: _____

Email: _____

The ORC does not share your private email address with any third parties.

Cancellations must be requested one week prior to the first day of the session for a refund and will be subject to a $20.00 administration fee. No other refunds will be given unless accompanied by a medical certificate. ORC reserves the right to cancel any session for whatever reason. In each case a full refund will be given. RELEASE , WARRANTY and INDEMNITY IN CONSIDERATION of the acceptance of the application for enrolment of the participant named below "Participant" in the ORC program identified below ("ORC Program"), I , for myself and (if applicable) on behalf of the Participant (if Participant is a minor) and respective heirs, executors, administrators and assigns, hereby RELEASE, WAIVE and FOREVER DISCHARGE ORC Management Limited and its agents, servants, contractors, representatives, successors and assigns (Releases") of and from all claims, demands, damages, costs, expenses, actions and cause of action, whether in law or equity, in respect of death, injury, loss or damage to my personal or property or to the Participant howsoever caused, arising or to arise by reason of the participation of the Participant in the ORC participation,, whether as spectator, participant, competitor or otherwise and whether prior to , during or subsequent to any classes in respect thereof and not withstanding the same may have been contributed to or occasioned by the negligence of any of the aforesaid. I FURTHER UNDERTAKE to hold and save harmless and agree to indentify the Releases from and against any and all liability incurred by any or all of them arising as a of or in any way connected to the participation of the Participant in the ORC program. I hereby authorize the Ontario Racquet Club to display my personal information within the Ontario Racquet Club so hat other members may contact me for the purpose of scheduling games. I WARRANT that the Participant is physically fit to participate in the ORC Program, Updated 04.01.08

Please note: The red area must be completed for all children participating in camps or programs

One Participant Per Registration Form

Phone: _____ Other: _____

Last Name: _____ First: _____

Date of Birth: _____ ◯ Male ◯ Female

Home Address: _____

City: _____ Postal Code: _____

Emergency Contact: _____

Phone number where you can be reached: _____

Health Card No. _____ **Allergies:** _____

Method of Payment

◯ Chit _____ ◯ Credit Card ◯ Cash/Debit ◯ Cheque

Membership No. (Visa, MasterCard, American Express)

Credit Card#: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: ☐☐ - ☐☐

Signature: (as appears on credit card) _____

Program Details

Program Code	Program Name	Start Date	Time	Price Subject to taxes