



CENTRAL EGLINTON COMMUNITY CENTRE, 160 Eglinton Avenue East, Toronto, Ontario M4P 3B5
 Telephone:(416) 392-0511 Fax:(416) 392-0514 E-mail: info@centraleglinton.com Internet: www.centraleglinton.com

Program Registration Form

Please PRINT CLEARLY (Do NOT fill in shaded area)

Participant's Surname: _____ First Name : _____ M _ F _
 Address: _____ Apt: _____
 Postal Code: _____ Age: _____ yrs _____ mos Birthdate : _____
 Telephone – Home: _____ Business: _____
 Email Address: _____ Name of Caregiver: _____
 Parent #1 Name: _____ Parent #2 Name: _____
 Emergency Contact Name: _____ Phone: _____

Please indicate any allergies or important medical information:

PLEASE READ CAREFULLY

I hereby release Central Eglinton Community Centre, its staff, Board of Management, instructors and volunteers from any and all actions, claims, demands for damages, for any loss or injury, howsoever arising, which may hereafter be sustained by the participant as above-named in consequence of participation in Central Eglinton Community Centre program activities.

SIGNATURE: _____ **DATE:** _____

Payment Method: (circle one) Cash Cheque – in person only
Visa M/C Card # _____ **Exp. Date** _____
Signature _____

FOR OFFICE USE ONLY: (Do NOT fill in shaded area)

Program: _____ **Day:** _____ **Session:** _____
Time: _____ **Starting Date:** _____ **Fee:** _____
Membership #: _____ **Expiry Date:** _____ **Amount Rec'd:** _____ **Receipt #:** _____

Personal information on this form is collected under the authority of the City of Toronto Act, 1997, and Art XI of CH. 169, of the City of Toronto Municipal Code. The information is used for the purpose of registration, membership, payment, mailings (including newsletters/surveys) and aggregate statistical reporting. Questions about this collection can be directed to: The Executive Director, CECC, 160 Eglinton Ave. E., Ste. 201, Toronto, Ontario M4P 3B5.