



2018 Registration Form

Register in person at the Gallagher Centre on Tuesday May 1, 2018, beginning at 5:30 p.m.

Participant Full Name: _____ Male Female
First Name Last Name

Participant Age: _____ Participant Birth Date: _____ / _____ / _____
Day Month Year

Important medical information or details we should know (allergies, asthma, diabetes, etc.):

Parent/Guardian Name(s): _____

Address: _____ City: _____ Prov.: _____

Primary Phone: _____ Secondary Phone: _____

By checking this box, I consent to receive email communication.

Email Addresses: _____
Used for weekly program newsletters and general information

Emergency Contact Name: _____ Phone: _____

Relationship to Participant: _____

Other authorized persons who can pick up the participant: _____
Aunt, Uncle, Sibling, Neighbour, etc

Week #	Weekly Fee	Check to Register
#1 - July 3 to 6 (4 day week)	\$68.00	<input type="checkbox"/>
#2 - July 9 to 13	\$85.00	<input type="checkbox"/>
#3 - July 16 to 20	\$85.00	<input type="checkbox"/>
#4 - July 23 to 27	\$85.00	<input type="checkbox"/>
#5 - July 30 to August 3	\$85.00	<input type="checkbox"/>
#6 - August 7 to 10 (4 day week)	\$68.00	<input type="checkbox"/>
#7 - August 13 to 17	\$85.00	<input type="checkbox"/>
#8 - August 20 to 24	\$85.00	<input type="checkbox"/>
Total Fees	\$	

Photo Release

By checking this box, I hereby grant permission for my child, named above, to be photographed during the program for memorabilia and/or promotional material. I further acknowledge that the City of Yorkton are the owners of all publication materials, and that photos may be used in any exhibitions, public displays, publications, commercial art, and advertising purposes including television without limit or reservation.

Participant Expectations

I hereby acknowledge that my child will be expected to participate in the program according to the guidelines and expectations set forth by the City of Yorkton. In the event that a participant chooses not to abide by the guidelines and expectations, they may be asked to leave the program.

Parent/Guardian Signature: _____ Date: _____

