



MD OF BIGHORN

Course Registration Form

Use this form to register for courses offered by the Municipal District of Bighorn. This information must be completed if you are an adult registering for a program OR if you are the parent or guardian of a child being registered for a program. This personal information is being collected under the authority of the Municipal Government Act for the purpose of registering for a community class. It is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act.

PERSONAL INFORMATION

Name: _____ Sex: M F Age:(if under 18) _____

Mailing Address: _____

Postal Code: _____ E-mail _____

Phone: (day)* _____ Phone: (evening) _____

**We must be able to contact you during the day!*

COURSE INFORMATION

Name of Course _____

Course Date _____ Course Fee _____ + GST = _____

Name of Course _____

Course Date _____ Course Fee _____ + GST = _____

Name of Course _____

Course Date _____ Course Fee _____ + GST = _____

I certify that to the best of my knowledge, the participant named herein is physically fit and able to engage in the above named activities. In case of emergency, I give my permission for emergency treatment. I hereby release the MD of Bighorn, and its instructor from all claims for damages or loss arising from any accident or injury which is caused by or arises from the participation of the individual named herein during any program or in any facility or at any location where a program is being held, and agree not to sue the M.D. of Bighorn or its Instructor. My signature acknowledges that I understand and agree to the above conditions.

Signature _____

Print Name _____

Date _____

PAYMENT TERMS

Full fee must accompany the registration form. Please make cheques payable to the M.D.of Bighorn. If paying by MC/Visa Card:

Card No: _____ Expiry Date: _____

Name as it appears on the card: _____

CVV No (3 digit number on back of the card): _____