



# 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 MD 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 MD of Bighorn. If paying by MC/Visa Card:

Card No: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_