


A: FAMILY INFORMATION (participant's with medical ailments or special needs, also need to submit a *Participant Profile – Medical/Additional Information* form)

Do you have a City of Brampton Family Account?	YES	NO	Has your address, phone number, or email changed?	YES	NO
Are you a ROP Child Care recipient	YES	NO			

ADULT'S LAST NAME		ADULT'S FIRST NAME		SEX (M / F)
ADDRESS			CITY	POSTAL CODE
HOME PHONE #	ALT PHONE #	EMAIL		

EMERGENCY CONTACT LAST NAME	EMERGENCY CONTACT FIRST NAME	PHONE #	RELATIONSHIP
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B: PARTICIPANT INFORMATION (birth date must be noted if under 18 years of age **OR** if participant wants to enroll in age specific programming)

LAST NAME	FIRST NAME	BIRTH DATE mm / dd / yy	SEX (M / F)
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Course Barcode	Course	Location	Date	Time	Course Fee	Extd. Day Care Fee	Fee
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$

If busing is included in your program, please identify the following:	BUS ROUTE	BUS STOP

C: WAIVER

I agree to release, indemnify and save harmless the City from and against all claims, proceedings and/or actions in respect of any costs, losses, damage or injury arising by reason of my or the Dependant Registrants' participation in any activities offered by the City of Brampton's Community Services Department, or by reason of the provision of medical care by the City to me or the Dependant Registrants.

Adult/Parent/Guardian's Signature

Date

D: PAYMENT

After you receive a confirmation email from the City of Brampton, you are responsible for paying any outstanding amount. Any outstanding amount will be noted in the email, and be visible on your City of Brampton online Family Account. Any ROP Child Care subsidy will automatically be applied to your account. You may pay this amount either by calling 3-1-1 or through the City's online registration system. Please note that a spot for camp is only confirmed once the outstanding amount is paid by the due date.