



Program Registration

Participant 1 Name:	Birthdate:	Gender:
Care Card Number:	Age:	Grade:
Allergies/Medical Conditions:		
Participant 2 Name:	Birthdate:	Gender:
Care Card Number:	Age:	Grade:
Allergies/Medical Conditions:		

Address:	
Parent/Guardian Name:	Email:
Home Phone:	Work Phone:
Emergency Contact Name:	Phone:
Alternate Pickup Name:	Phone:

Program:	Date:	Time:	Cost:
Total Due:			

Cancellation Policy: For sessional (ie: 6-8 weeks in length) programs, notice of cancellation must be received *at least 72 hours prior to program start* in order to qualify for refund or credit. For monthly programs, *30 days notice is required* to withdraw from the program and qualify for a refund or credit.

Consent & Release of Liability: I consent to my/my child's participation in the program(s) named on this form. I am aware that there are risks associated with participation including the risk of injury and I consent to my/my child's participation in spite of such risks. I have read and understand the above cancellation policy. In the event that I or my child require medical attention, I consent to myself/my child being transported to the nearest emergency center, including by ambulance if necessary and accept that I am responsible for any costs of such services.

Cultus Lake Community School
71 Sunnyside Boulevard
Cultus Lake, B.C. V2R 5B5
Phone: 604 858-7192
Fax: 604 858-2793

Registration Date: _____

Amt of Payment: _____

Receipt #: _____