

Registration Form



Register
 online at www.oakville.ca
 by phone 905-815-2000
 by fax 905-338-4188

Questions?
IRIS help line 905-845-6601 ext. 4747
Registration inquiries 905-338-4250

For office use only

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Non-residents add \$10 plus applicable taxes per course

Please read registration policies on pages 89-90

Have you previously registered with the department? Yes No
 Has your address/telephone number changed since last registered? Yes No
 If yes, previous telephone number: _____

For participants with special needs

Will attend with own support? Yes

Please fax *Participant Profile - Special Needs/Medical* form, found on reverse, with registration form.

Please print clearly.

Adult's last name (parent/guardian)		First name	
Address		Apt.	City
Postal code			
Email	Home phone	Business phone	Emergency contact name
		Emergency phone	

1 Participant's name	Birth date	MF	Course Name
	dd mm yy		

Medical Condition/ Special needs category # <input style="width: 40px;" type="text"/> <small>(See Participant Profile form on reverse)</small>	Course Code	Location	Day/Session/Week	Time	Fee (\$)
	First choice				
	Second choice				

2 Participant's name	Birth date	MF	Course Name
	dd mm yy		

Medical Condition/ Special needs category # <input style="width: 40px;" type="text"/> <small>(See Participant Profile form on reverse)</small>	Course Code	Location	Day/Session/Week	Time	Fee (\$)
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	First choice				
	Second choice				

Payment type: <input type="checkbox"/> Cheque* <input type="checkbox"/> Debit <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex		If applicable, subtract credit left on account (\$ _____)
		All non-residents add \$10.00 +AT per course \$ _____
<small>+AT = plus applicable taxes. *Make cheques payable to Town of Oakville. No post-dated cheques.</small>		Total amount \$ _____
Credit card #	Expiry	
	mm yy	
Signature (for credit card only)		

Photo release



Photographs of participating may be taken at any time for town promotional purposes. If you do not wish to have your/your child's photo taken/used, please sign below.

I do not wish to have my/my child's photo/name taken/used
 Signature _____

I give permission to take/use my/my child's photo/name
 Date _____

Personal information on this form is collected under the authority of the Municipal Act, S.O. 2001, c.25 and will be used for the purpose of program registration payment, aggregate statistical reporting, and allocation of staff and resources. Questions about this collection may be directed to: The Recreation and Culture department - Registration, Town of Oakville, P.O. Box 310, 1225 Trafalgar Road, Oakville, Ontario, L6J 5A6. Telephone: 905-338-4250.

Participant Profile

Special Needs / Medical

To best serve the needs of all program participants, we require the following information for leadership staff's awareness. Please choose the category that best describes the needs of the participants with special needs.

Please fax this completed form to registration at 905-338-4188; attention Jamie Angus, or email jangus@oakville.ca. For general registration inquiries, call 905-338-4250. For IRIS help, call 905-845-6601, ext. 4747.

Participant last name		Participant first name	
Birth date dd mm yy	Home phone	Business phone	Main contact email address
Program	Day	Time	Location

1 Non-life threatening medical condition — eg. ADD, ADHD, epilepsy, etc.
Please identify: _____

2 Life threatening medical condition
Please note that for participants in this category a Medic Alert or similar identification bracelet is mandatory.

<input type="checkbox"/> Peanut allergy	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Bee sting allergy	<input type="checkbox"/> Does participant carry Epi Pen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cardiac condition	<input type="checkbox"/> Does participant carry special medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Does participant carry insulin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3 Physical mobility, mental challenges or behaviours

Physical challenges (describe condition)

Mental challenges.
Medical diagnosis is: Down's syndrome Autism Other: _____

Behaviours (describe condition)

4 Vision, hearing or physical mobility

<input type="checkbox"/> Vision	<input type="radio"/> Good	<input type="radio"/> Adequate	<input type="radio"/> Poor	<input type="radio"/> Unknown
<input type="checkbox"/> Hearing	<input type="radio"/> Good	<input type="radio"/> Adequate	<input type="radio"/> Poor	<input type="radio"/> Unknown
<input type="checkbox"/> Physical	<input type="radio"/> Good	<input type="radio"/> Adequate	<input type="radio"/> Poor	<input type="radio"/> Unknown

Helpful background information

<input type="checkbox"/> Is extra support required at school?	<input type="checkbox"/> Is extra support/assistance required for basic care?
<input type="checkbox"/> Does disability affect the safety of the participant?	<input type="checkbox"/> Is the participant currently associated with a support agency?

Tips for Instructors

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Medical Condition/ Special needs category #	Course Code	Location	Day/Session/Week	Time	Fee (\$)
# <input style="width: 50px;" type="text"/> (See Participant Profile form on reverse)	First choice				
	Second choice				

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Medical Condition/ Special needs category #	Course Code	Location	Day/Session/Week	Time	Fee (\$)
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 Cardiac condition Does participant carry special medication? Yes No
 Diabetes Does participant carry insulin? Yes No

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Behaviours (describe condition)

4 Vision, hearing or physical mobility

Vision Good Adequate Poor Unknown
 Hearing Good Adequate Poor Unknown
 Physical Good Adequate Poor Unknown

Helpful background information

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