



OAKVILLE

# Recreation and Culture Registration Application

For office use only

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Questions and registration inquiries:  
905-815-2000

Register online at oakville.ca

### Participants with Additional Needs

The *Participant Profile - Additional Needs / Medical* form is required for all participants with additional needs (medical, cognitive or physical).  
Email completed form to iris@oakville.ca

Main Family contact. Please print clearly:

\*A non-resident fee of \$10 plus HST per course applies.

Last name		First name		Email	
Address			Apt.	City	Postal code
Primary phone	Secondary phone		<i>Please refer to our registration policies in this guide or visit oakville.ca</i>		

### Photo release

Photographs of participants 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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



### Get connected!

Want to learn more about the latest Recreation and Culture programs and initiatives?

Register to receive our e-newsletters at [oakville.ca/newsletters.html](http://oakville.ca/newsletters.html). Select the news you want delivered to your inbox.

<b>1</b> Participant name	Birth date dd mm yy	M/F	<input type="checkbox"/> Please register me in ALL of the programs listed below.
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Course Name	Course Code	Location	Start Date	Time	*Total (\$)

<b>2</b> Participant name	Birth date dd mm yy	M/F	<input type="checkbox"/> Please register me in ALL of the programs listed below.
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Course Name	Course Code	Location	Start Date	Time	*Total (\$)

<b>3</b> Participant name	Birth date dd mm yy	M/F	<input type="checkbox"/> Please register me in ALL of the programs listed below.
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Course Name	Course Code	Location	Start Date	Time	*Total (\$)

If applicable, subtract credit left on account (\$ \_\_\_\_\_)

Payment type:  Cheque  Debit  Cash  American Express  MasterCard  Visa All non-residents add \$10 + HST per course \$ \_\_\_\_\_

Make cheques payable to Town of Oakville. No post-dated cheques. Total amount \$ \_\_\_\_\_

Signature (for credit card only)	Expiry mm yy	Security Code
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Credit card #
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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 administration. Questions about this collection may be directed to: The Recreation and Culture department - Registration, Town of Oakville, 1225 Trafalgar Road, Oakville, Ontario, L6H 0H3. Telephone: 905-815-2000.

# Participant Profile

## Additional Support / Medical

To best serve the needs of all program participants, we require the following information to assist our Leadership staff. **Please choose the category that best describes the needs of the participant.**

Please send this completed form by email to iris@oakville.ca.  
For registration inquiries call 905-815-2000.

Will you provide your own support worker?

Yes  No

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

1

**Non-life threatening medical condition** — eg. 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 |

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### Physical or cognitive disabilities/behaviours

Physical disability

\_\_\_\_\_  
\_\_\_\_\_

Cognitive disability

Medical diagnosis is:  Down's Syndrome  Autism  Other: \_\_\_\_\_

Please describe behaviours

\_\_\_\_\_  
\_\_\_\_\_

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### Vision, hearing or physical disability

- |                                   |                            |                                |                            |                               |
|-----------------------------------|----------------------------|--------------------------------|----------------------------|-------------------------------|
| <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

Is extra support required at school?  Yes  No

Is the participant currently associated with a support agency?  Yes  No

Is extra support required for basic care?  Yes  No

Does the disability affect the safety of the participant?  Yes  No

### Tips for Leadership staff

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_