

REGISTRATION STARTS MARCH 7/2017



Now you can register **ONLINE** at www.summerland.ca

OTHER WAYS TO REGISTER:

BY MAIL: FROM MAR. 7-12/17

Cheque or Money Order

NO CASH OR POSTDATED CHEQUES

Complete the mail-in form below, attach a cheque for the required amount and mail to:

RECREATION DEPT.

P.O. Box 159, Summerland, B.C. V0H 1Z0
Your receipt will be mailed to you.

WINDOW DROP SLOT: FROM MAR. 7-12/17

Cheque or Money Order

NO CASH OR POSTDATED CHEQUES

Complete the mail-in form below, attach a cheque for the required amount, put in sealed envelope and drop into window mail-slot at:

RECREATION DEPT.

13205 Kelly Avenue, Summerland
Your receipt will be mailed to you.

WALK-IN REGISTRATION

FROM MAR. 13/17

will be accepted at the Recreation Dept. office. Visa, Mastercard, Interac, Cash or Cheque. No post dated cheques.

RECREATION DEPT.

13205 Kelly Avenue, Summerland
Monday - Friday 8:30 am - 4:30 pm



MAIL IN / DROP OFF REGISTRATION FORM

Parent (Guardian) Full Name: _____

Email Address: _____

Day Phone: _____ Eve. Phone: _____

Mailing Address: _____ Emergency

City: _____ Contact: _____

Prov. _____ Postal Code _____ Phone: _____

PARTICIPANT AND PROGRAM INFORMATION

PARTICIPANTS FIRST & LAST NAME	BIRTHDATE MANDATORY	AGE (IF UNDER 19)	PROGRAM TITLE EXAMPLE: SP1	SWIM LEVEL EXAMPLE: SEA OTTER	DAY/TIME	CODE#	FEE
						TOTAL FEES	

PLEASE MAKE CHEQUE PAYABLE TO THE DISTRICT OF SUMMERLAND

WAIVER

I/We, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreational activities and agree that the District of Summerland, its employees, program instructors or officers shall not be liable for any injury or damage from participating in these activities. I/We declare having read and understood the above and consent to participate in the program acknowledging all the foregoing.

Signature of participant or parent/guardian

if participant under 19 years of age: _____ Date: _____

What class or program would you like to see us offer? _____