

# Leisure Services Client Sign Up Sheet

## Register the entire family at one time.

Completing this form will provide the City of Greater Sudbury with the personal information we require for your registration, therefore making it easier and faster for you to register for programs.

## Faster, Easier Registration

Once your family has been registered with Leisure Services, all you have to do is provide us with your family member's name and the program in which he or she wishes to participate, and we'll take care of the rest. **One Click, One Call, One Stop.**

**For your convenience, parents/guardians may sign up children (under age 18 years)/dependents on this application form. Spouses/family members over age 18 must complete their own application form.**

## Collection, Use and Disclosure of Personal Information

Personal information on this form is collected under the authority of sections 94 and 10 of the Municipal Act, 2001 for the purposes of the enrollment and participation of you and a family member(s) (where applicable) in City of Greater Sudbury leisure services programs.

By signing below, you indicate your consent to the City contacting you to collect feedback about current and new programs and services in order to improve City services and programs and also to provide you with information about special offers and promotions relating to leisure services and programs.

Questions relating to the collection, use and disclosure of this information can be directed to the Manager of Recreation, City of Greater Sudbury, P.O. Box 5000, Stn. A, 200 Brady Street, Sudbury, ON, P3A 5P3 or by telephoning 3-1-1.

## MAIN CONTACT (must be 18 years of age or older)

Email address \_\_\_\_\_ ☐ New customer ☐ Update existing information

Last Name (required) First Name (required) Date of Birth YY/MM/DD ☐ Male ☐ Female

Home Phone (required) Mobile Phone Daytime Phone (required)

Address Street No. Street Name Suite/Apartment/Unit

City Province Postal Code ☐ Adult ☐ 65 +

## Additional Family Member 1

Email address \_\_\_\_\_ ☐ New customer ☐ Update existing information

Last Name (required) First Name (required) Date of Birth YY/MM/DD ☐ Male ☐ Female

Home Phone (required) Mobile Phone Daytime Phone (required)

Address Street No. Street Name Suite/Apartment/Unit

City Province Postal Code

## Additional Family Member 2

Email address \_\_\_\_\_ ☐ New customer ☐ Update existing information

Last Name (required) First Name (required) Date of Birth YY/MM/DD ☐ Male ☐ Female

Home Phone (required) Mobile Phone Daytime Phone (required)

Address Street No. Street Name Suite/Apartment/Unit

City Province Postal Code

## CONTINUING EFFECT

You will be registered with the City of Greater Sudbury for five (5) years and this registration shall apply to enrolments in all City of Greater Sudbury programs by the registrants listed above. During this time, if there are any changes in the status of the registrants, including medical conditions, the registrant(s) must contact the City of Greater Sudbury to update this registration.

## DISABILITY

Do any of the registrants have a disability which may require specialized services?

☐ No ☐ Yes (If yes, please describe.)

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

## WAIVER BY PARTICIPANT

In exchange for the City allowing me/us to participate in a program, I/We fully agree not to hold the City or its staff responsible for any injury, loss or damage sustained by myself/ourselves or my/our property as a result of my/our participation in a program or as a result of my/our travelling to or from home or from any other location to the said program.

## MEDICAL AUTHORIZATION

On behalf of myself and all registrants listed above: I hereby give permission to have staff administer or arrange for any emergency medical care including hospitalization/transportation if necessary, and I hereby consent on behalf of myself and the registrant(s), to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. In the event of injury/illness, I/We agree to reimburse the City for any expenses thereby incurred. All registrants are responsible for their own medical coverage. Medical information must be updated with each program enrolment.

## PAYMENT

Payment must be received in full at the time of enrolment. Clients may pay by cheque, cash, debit, Visa or MasterCard. Post-dated cheques may also be issued, with full payment applied no less than 4 weeks prior to the start of the program.

## NSF CHEQUES

Payments made by cheques which have not been honoured by the bank must be replaced immediately upon notification by the City. The City reserves the right to cancel the enrolment or to revoke privileges until full payment is received. An administration fee will be charged for all returned cheques.

## PROGRAM TRANSFERS

Requests for program transfers must be made in writing. Any requests to withdraw from a program can be directed to the Leisure Services Office of the City of Greater Sudbury, 200 Brady Street, P.O. Box 5000, Stn. A, Sudbury, Ontario, P3A 5P3 or by fax at 705-671-8145.

\_\_\_\_\_  
Signature of Main Contact (required to process this application)

\_\_\_\_\_  
Date

I declare the information that I have provided on this application form to be true and accurate and I agree to the terms and conditions specified herein.