



## Program Registration Form

Please return with payment to "Mooredale House"  
 146 Crescent Road, Toronto, ON, M4W 1V2  
 Phone: 416.922.3714  
 E-mail: programs@mooredale.on.ca  
 Website: www.mooredale.org

**Please read the Program Policies before registering**

### Payment – Please PRINT CLEARLY

I will be paying by:				The amount of: \$
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa Card
Card #:		Exp:		
Full name that appears on the credit card			Card holder SIGNATURE	

### FAMILY INFORMATION

RMPA #	First Name	Family Name		
Street Address		Suite	City	Postal Code
Phone		Bus. Phone		Ext.
Email				Preferred Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone

### PARTICIPANT 1: INFORMATION

First Name		Last Name		
Birth date (dd/mm/yy)		Health Card Number		
1 <sup>st</sup> CProgram Name		Time	Fee	
2 <sup>nd</sup> Program Name		Time	Fee	
3 <sup>rd</sup> Program Name				

### PARTICIPANT 2: INFORMATION

First Name		Last Name		
Birth date (dd/mm/yy)		Health Card Number		
1 <sup>st</sup> CProgram Name		Time	Fee	
2 <sup>nd</sup> Program Name		Time	Fee	
3 <sup>rd</sup> Program Name		Time	Fee	

### AUTHORIZATION

"I am a member of the Rosedale-Moore Park Association, and consent to the participation of the above-named and hereby release the Rosedale-Moore Park Association, its staff, Board of Directors, instructors and authorized guests from any and all actions, claims, demands for damages, loss or injury howsoever arising which may hereafter be sustained by the participant as above-named in consequence of participation in Association activities. I also agree to consent to the use by the Rosedale-Moore Park Association of the participant's likeness (photographs, video) for publicity purposes."

Signature

Date