



Participant's Name: _____

Date of Birth (YYYY/MM/DD): _____

Mailing Address: _____

Phone #: _____

Email: _____

Are you a resident of Mississippi Mills? _____ (Yes or No)

EMERGENCY CONTACT INFORMATION

Name: _____ **Phone number:** _____

Signature: _____

Date: _____

Registration Fee: \$20

Paid by: cash cheque other **Total paid:** _____

The personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25, s. 8, 9 and 11 and will be used for recreation program registration. Questions about this collection should be directed to the Recreation Manager, 14 Bridge Street, Almonte, Ontario, K0A 1A0.