



PROGRAM REGISTRATION FORM

The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act and the Personal Information Protection and Electronic Documents Act. The information collected may be used for registration and marketing purposes and will be stored electronically by RY-J's for a period of time to facilitate annually registrations, surveys and mailings. Completion of this form constitutes consent by the applicant/user to these terms and uses, unless otherwise modified or revised in writing delivered to RY-J's Climbing Adventures.

MAIN CONTACT

Last Name		First Name		E-mail	
Address		Apt./Unit No.	City	Postal Code	
Home Telephone		Business Telephone		Cell	
Emergency Contact Name		Relation		Telephone	

PARTICIPANT 1

Last Name (of Participant)		First Name		Birth Date			Sex	
				MM	DD	YYYY	M	F
Program Name			Location			Fee		
1st Choice				RY-J'S FUN ZONE				
AND	OR				RY-J'S FUN ZONE			
AND	OR				RY-J'S FUN ZONE			
Special Needs								
Medical Info (Medications / Allergies)								

PARTICIPANT 2

Last Name (of Participant)		First Name		Birth Date			Sex	
				MM	DD	YYYY	M	F
Program Name			Location			Fee		
1st Choice				RY-J'S FUN ZONE				
AND	OR				RY-J'S FUN ZONE			
AND	OR				RY-J'S FUN ZONE			
Special Needs								
Medical Info (Medications / Allergies)								

WAVIER MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED

I hereby waive and forever discharge RY-J's, its employees, from all claims, damages costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where the program is being held. I acknowledge and agree that RY-J's may use photographs of Fun Zone programs and the participants therein for promotional purposes.

Authorizing Signature(s)

METHOD OF PAYMENT	CHEQUE	CASH	DEBIT
Total \$			