

MONTGOMERY PLACE COMMUNITY ASSOCIATION

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|--|--------------|---------------------|--------------|
| Parent / Guardian / Participant Name: (PLEASE PRINT) | | | |
| Address: | | POSTAL CODE: | |
| Email: (This will only be used to contact you if classes need to be cancelled): | | | |
| Phone Numbers: | Home: | Work: | Cell: |
| <p>Would you like to become a volunteer with the community association? Would you like to become a paid instructor for the community? Please visit our website www.montgomeryplace.ca and contact an existing member for more details.</p> | | | |

| Participant's Name | Age (child only) | Activity/Program & Location | Start Date | Cancelled Date(s) | \$ Fee |
|--|-----------------------|-----------------------------|--------------------|-------------------|--------|
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| MEMBERSHIP IS \$ 10.00 PER YEAR AND RUNS FROM SEPTEMBER TO AUGUST. MEMBERSHIP FEE | | | | | |
| Late Fee | | | | | |
| PAID | Cheque # _____ | Cash _____ | Other _____ | TOTAL | |

If you can't afford the cost of a program, please let the staff know as you register. We can cover some costs. All requests are kept confidential.

Waiver

I understand that my participation in this program is at my own risk. Any and all loss and/or injury to myself and/or my child/ren are my sole responsibility. I also understand that the **Montgomery Place Community Association** and its instructors cannot be held liable for said loss and/or injury.

Parent/Guardian or Participant's Signature: _____ **Dated:** _____

Refund Policy:

- If the program you signed up for has to be cancelled we will call you and mail you your refund.
- Unfortunately, no refund can be made for a class after the second week of classes.

