

MD OF BIGHORN

Course Registration Form

Use this form to register for courses offered by the Municipal District of Bighorn.

This information must be completed if you are an adult registering for a program OR if you are the parent or guardian of a child being registered for a program. This personal information is being collected under the authority of the Municipal Government Act for the purpose of registering for a community class. It is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act.

Personal Information		
Name:	Sex: M F	Age (if under 18):
Mailing Address:		
Postal Code:	— Email: —	
Phone: (day)* * We must be able to contact you during the c Course Information	day!	
Name of Course		
Date of Course	Course Fee	+ GST =
Name of Course		
Date of Course	Course Fee	+ GST =
Name of Course		
Date of Course	Course Fee	+ GST =
I certify that to the best of my knowledge, the engage in the above named activities. In cattreatment. I hereby release the MD of Bighon arising from any accident or injury which is contained herein during any program or in any and agree not to sue the MD of Bighorn or its My signature acknowledges that I understand	ase of emergency, I give room, and its instructor from a caused by or arises from the facility or at any location was Instructor.	my permission for emergency all claims for damages or loss participation of the individual where a program is being held,
Signature Prin Payment Terms	Print Name	
Full fee must accompany the registration form If paying by MC/Visa Card:	n. Please make cheques pay	rable to the MD of Bighorn.
Card No.	Expiry Date	
Name as it appears on the card:		