

# REGISTRATION FORM 2009-2010

## PARTICIPANT INFORMATION

Last Name :	First Name :
	Member Number:
Address :	
City :	Postal Code :
Home Phone : ( )	Daytime Phone : ( )
Email :	Alternate Phone :

## COURSE SELECTION:

Course name	Course #	Fee

## PRIVACY NOTICE

The University of Toronto collects, creates, uses, maintains, discloses and disposes of information for the purposes of operating the programs and business functions of the University in a manner consistent with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building, room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

## INFORMED CONSENT AGREEMENT

I the UNDERSIGNED hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both. I understand that the RULES and REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I hereby WARRANT I am physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO or THE FACULTY OF PHYSICAL EDUCATION AND HEALTH AT THE UNIVERSITY OF TORONTO shall not be liable for any injury to my person and/or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees or agents while acting within the scope of their duties. I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf.

Participant Signature:		Date:	
		dd/mm/yy	

By signing and dating the above, you are agreeing to the terms and conditions listed in the informed consent agreement.

## PAYMENT INFO IF REGISTERING BY FAX (416-946-7679)

Total Payment:		Payment Type: <b>VISA MC AMEX CASH DEBIT</b>
Name on Card:	Number:	
Signature:	Expiry Date:	

UNIVERSITY OF TORONTO  
 FACULTY OF PHYSICAL EDUCATION AND HEALTH  
 55 Harbord Street, Toronto, ON M5S 2W6  
 416-978-3436