 ***SAMPLE Registration Form***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | **Program:** | | | |  | | | | |
| Name: | |  | | | | | | | | | Phone: | | | |  | | | |
| Community: | |  | | | | | | | | |  | | | |  | | | |
| Email address: | |  | | | | | | | | |  | | | |  | | | |
| *Please indicate…* | | | | | Gender: | | 🞏 Female | | | | | | 🞎 Male | | | | | |
| Age range: | * up to 12 | | | | * 13 - 19 | * 20 – 35 | | | | * 35 – 54 | | | | | * 55 + better | | | |
|  | Do you have children under the age of 18 living at home? | | | | | | | | | | | | | | * Yes | * No | | |
| *Please indicate if applicable…* | | | | | * First Nation ancestry | | | | | | | * Newcomer to Canada | | | | | | |
| Have you participated in RPAY’s programs before? | | | | | | | | | * yes | | | | | * no | | | |
| How did you find out about this program? | | | | |  | | | | | | | | | | | | |

*Use this space for other information you may want to collect. For example:*

* *Are there any medical conditions such as allergies?*
* *What is the contact information for a parent or guardian?*
* *Who is the emergency contact?*

*For more sample forms, go to the Leisure Information Network[[1]](#footnote-1) and search “forms”.*

1. http://lin.ca/ [↑](#footnote-ref-1)