



Township of Huron Kinloss

2019 Spring Spin Classes

6 week program

The entire form must be completed and accompanied with payment to secure space.

PARTICIPANT INFORMATION

Participant Name:	Par Q: Yes No (next page)
Address (including postal code):	Home Phone Number:
Email Address:	Cell Phone Number:

REGISTRATION INFORMATION

Session begins April 23rd 2019 and runs until May 31st 2019 (6 weeks)

Classes:

Registration Fee:

Tuesdays	12:00PM–1:00PM	Spin Class	<input type="checkbox"/>	One class per week	\$60
				Two classes per week	\$100
Fridays	12:00PM-1:00PM	Spin Class	<input type="checkbox"/>	Drop-In class*	\$10
Ripley Huron Community Centre Auditorium/Social Room				(*based on availability)	

****Registration forms are still required for those participating by "Drop In" throughout the session****

EMERGENCY CONTACT INFORMATION

Name:	Home Phone Number:
Cell Phone Number:	Relationship to Family:

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While Township of Huron-Kinloss staff and volunteers will make every reasonable effort to minimize exposure to known risks associated with each Registrant's participation in a Township of Huron-Kinloss program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the program, to participate in various physical activities that may involve a risk of injury. In this regard, I hereby permit the Registrant to participate in the full range of Program activities. In consideration of the Registrants opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and hold harmless the Township of Huron-Kinloss, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns from any and all liability for damages sustained in consequences of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

REGISTRATION AGREEMENT

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement and Disclaimer.

Participant Signature: _____

Date: _____

I consent to receiving class cancellation notices via text: _____

Office Use Only:
Total Payment:
Payment Type:
Paid:
Date:



Township of Huron Kinloss

Physical Activity Readiness Questionnaire

**Please be aware that all information on completed forms will be confidential*

As promoters of a healthy lifestyle, we're concerned about your well being when participating in our programs. To help identify the type of activity, which is most suited to each individual, we are asking you to complete a PAR-Q as part of the program. This questionnaire is designed to identify individuals for whom an increased physical activity might be inappropriate or those who should seek medical attention prior to program commencement.

Please read carefully and answer "Yes" or "No" to the following questions:

1. Has your family doctor said that you have heart trouble? Yes No
2. Do you frequently have pains in your heart or chest? Yes No
3. Do you often feel faint or have dizzy spells? Yes No
4. Has your doctor ever said that your blood pressure was too high? Yes No
5. Has your doctor ever told you that you have a bone or joint problem such as arthritis, which has been aggravated by exercise or might be made worse with exercise? Yes No
6. Are you unaccustomed to a steady increase in your physical activity level? Yes No
7. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Yes No
8. Do you take medication on a regular basis (heart, asthma)
If Yes, please list the medication name: Yes No

If you answered "Yes" to any of the above questions, you should consult your physician before increasing your physical activity level.

Participant Name: _____ **Signature:** _____

Date: _____



Township of Huron Kinloss

PHOTO AND VIDEO CONSENT AND RELEASE

By signing this form, you are consenting to the taking of photographs and/or video recordings of you by the Township of Huron-Kinloss for the purposes of marketing and promoting programs. You are assigning to the Township of Huron-Kinloss and waiving any rights you have related to any photographs and video recordings and you are consenting to the use of such photographs and/or video recordings, in whole or in part, by the Township of Huron-Kinloss. I hereby agree to allow photographs and/or video recordings to be taken of me, whether posed or candid, while I am on Township of Huron-Kinloss property and/or participating in Township of Huron-Kinloss programs. **Please Initial:** _____

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DISCLAIMER

All programs are subject to change or cancellation due to low enrolment numbers, lack of volunteers or other unforeseen circumstances that are prohibitive to the operations of the program. **Please Initial:** _____

MUNICIPAL FREEDOM OF INFORMATION AND PRIVACY ACT

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the Authority of the Municipal Act, R.S.O. 1990, c.M45, as amended, and will only be used for the purpose of maintaining adequate records of participation and enrollment in recreation programs and for medical information when required in emergency situations. **Please Initial:** _____

RECREATION AND PROGRAMMING SUBSCRIPTION

I would like to subscribe to The Township of Huron-Kinloss distribution lists regarding any future recreation and programming notifications. **Please Initial:** _____

Name: _____

Signature: _____ **Date:** _____