



**Program Registration**

Participant Name(s)		Age:
Address:		Cell Phone:
Postal Code:	Home Phone:	Work Phone:
Allergies/Medical Conditions:		Email:
Emergency Contact:		Telephone:
<b><u>Complete if Participant is a Child</u></b>		
Parent/Guardian:		
Alternate Pick Up Person (if applicable):		Telephone:
Program:	Date/Time:	Cost:
Program:	Date/Time:	Cost:
Program:	Date/Time:	Cost:
Program:	Date/Time:	Cost:
		<b>Total:</b>

**Cancellation Policy:** For sessional (i.e 6 or 8 weeks in length) programs, notice of cancellation must be received *at least 24 hours prior to program start* in order to qualify for a full refund or credit. If notice of cancellation is less than *24 hours* prior to program start your refund will be prorated minus the first day of the program start. If you cancel after starting a program your refund will be prorated according to the number of days attended. For monthly programs, **30 days notice is required** to withdraw from the program and qualify for a refund or credit.

I have read and understand the above cancellation policy. In addition, I hereby consent for the participant named above, when ill or injured, to be taken to the nearest Emergency Centre by the staff of CCECSS when I cannot be contacted.

**CCECSS**  
 9435 Young Road  
 Chilliwack BC  
 V2P 4S7  
 Phone: 604 792-8539  
 Cell: 604-819-6687  
 Fax: 604 792-8539  
 E-mail: ccecss@gmail.com

\_\_\_\_\_  
 Signature of Participant or Parent /Guardian (if child is participant)

**OFFICE USE ONLY**

Registration Date: \_\_\_\_\_

Amount of Payment: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Payment: Cash ( ) Cheque ( )