



ANTIGONISH  
**Multisport**  
 REGISTRATION FORM

**IMPORTANT TO NOTE:**

- **Pilot capacity is 30 participants.** If registration exceeds capacity, participants will be chosen by **random draw** from submitted registrations. Please submit registrations for children from the **same immediate family in one envelope.**
- Registrations **will not be accepted after Thursday, August 20<sup>th</sup>.**
- Parents/guardians will be **notified by email on Wednesday, August 26<sup>th</sup>** about the status of their child's registration. Those chosen will have until **4:30 PM on Friday, August 28<sup>th</sup> to submit payment.**
- If a participant is chosen and payment is not received by **Friday, August 28<sup>th</sup>,** the participant's spot will be given to the first person on the waiting list.
- **JUMPSTART** assistance and **payment options** available through Municipal Recreation.

Participant's Name	Gender	Age	Program Cost
			\$300.00

**Parent/Guardian Contact Information**

**Parent/Guardian Name:**

**Mailing address (with postal code):**

**Phone (H):**

**(C):**

**(W):**

**Email address:**

Please check this box if you consent to being contacted with information, program updates, and for planning purposes.

**Emergency Contact:**

**Phone Number:**

**Photo Release:** During this program, photos may be taken for media or marketing purpose. Please indicate whether or not you grant permission for photos of your child to be taken and used for media/marketing purposes during the program.

I give permission for my child's photo to be taken and used in media/marketing.

I do not give permission for my child's photo to be taken and used in media/marketing.





Please fill out each of the following fields to help us make your child's experience with Antigonish Multisport as safe and as enjoyable as possible.

**Special needs requirements, medical conditions and/or allergies:**

**T-Shirt Size (Youth Sizes):**      XS      S      M      L      XL

**Height:**      **Weight:**

**Shoe size:**

**Swimming Experience**—Please briefly describe your child's swimming experience and indicate any recently completed swim levels:

**Is your child left-handed or right-handed?**      LEFT      RIGHT

**Registration packages will be accepted at the following locations:**

**TOWN OF ANTIGONISH RECREATION**  
 274 Main St., Antigonish, N.S. B2G 2C4

Accepted by **mail-in, drop off, or drop box.**  
 (Drop box slot is located at the right main entrance to Town Hall on Main Street.)

**ANTIGONISH COUNTY RECREATION**  
 285 Beech Hill Road, RR6, Antigonish N.S. B2G 0B4

Accepted by **mail-in or drop off.**

**Parent/Guardian Signature**

I/we the undersigned agree not to hold the Municipality of the Town of Antigonish, the Municipality of the County of Antigonish, or any of their agents liable for any injuries sustained by any person registered by me/us while he/she is participating in this program.

**Signature:**      **Date:**

