

# Registration Form (please print)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone (Res): \_\_\_\_\_ (Bus): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## Person to Notify in Case of Emergency

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone (Res): \_\_\_\_\_ (Bus): \_\_\_\_\_

## Name of Course(s)

	Cost
1: _____	\$ _____
2: _____	\$ _____
3: _____	\$ _____
Membership Fee	\$ _____
Total	\$ _____

If mailing your registration, please mail 2 weeks prior to registration date. Make your cheque payable to:  
Momiji Centre  
3555 Kingston Road  
Scarborough ON M1M 3W4

## Waiver of Responsibility

I hereby release Momiji Centre, Momiji Residence, Momiji Health Care Society, Momiji Board of Directors, Staff, Instructors, and Volunteers from damages or losses resulting from any accidents or injuries that are caused by or arise from my participation during or while in attendance in the facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For office use only

Membership # \_\_\_\_\_

Expiry Date: \_\_\_\_\_