

PART A : YOUR INFORMATION - Please print clearly

LAST NAME	FIRST NAME	BIRTH DATE M/D/Y	GENDER M/F
ADDRESS	APT/UNIT#	CITY	PROVINCE
PHONE (PRIMARY/CELL)	PHONE (HOME/BUSINESS)	EMAIL ADDRESS *	
NEWCOMER (LANDED IN CANADA LESS THAN 5 YEARS) <input type="checkbox"/> YES <input type="checkbox"/> NO		I AM A CHRISTIAN <input type="checkbox"/> YES <input type="checkbox"/> NO	

* I prefer NOT to receive electronic receipts and program information notifications.

* I would like to receive occasional emails about upcoming events, classes, and fundraising drives

IF STUDENT, please provide the following information:

SCHOOL NAME	GRADE / YEAR	MAJOR	ESL LEVEL (if applicable)
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EMERGENCY CONTACT - THIS SECTION MUST BE COMPLETED

NAME	RELATIONSHIP	PHONE
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PART B : PROGRAM INFORMATION - If the program is full, applicant will be waitlisted

PROGRAM CODE #	PROGRAM NAME	DAY & START DATE TIME	FEE
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Submission of this form does not guarantee placement in a program. If you have not received confirmation one week prior to the start of the program, please call 905.946.8787.

PART C : ABUNDANT LIFE PROGRAM MEMBERSHIP

<input type="checkbox"/> JOIN MEMBERSHIP	<input type="checkbox"/> AGE < 65 <input type="checkbox"/> AGE > 65	MEMBERSHIP FEE IS NON-REFUNDABLE
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PART D : CATEGORIES OF INTEREST (CHECK ALL THAT APPLY)

<input type="checkbox"/> ARTS & CRAFTS	<input type="checkbox"/> CAREER	<input type="checkbox"/> COMMUNITY NEEDS	<input type="checkbox"/> DANCE	<input type="checkbox"/> TECHNOLOGY
<input type="checkbox"/> HEALTH & WELLNESS	<input type="checkbox"/> MUSIC	<input type="checkbox"/> LITERACY	<input type="checkbox"/> SPIRITUAL	<input type="checkbox"/> SPORTS

PART E : HOW DID YOU KNOW ABOUT 105 GIBSON CENTRE (CHECK ALL THAT APPLY)

<input type="checkbox"/> WORD OF MOUTH, FRIEND	<input type="checkbox"/> FLYER/POSTER	<input type="checkbox"/> CHURCH	<input type="checkbox"/> TV/RADIO
<input type="checkbox"/> WEB/SOCIAL MEDIA	<input type="checkbox"/> RETURNING USER	<input type="checkbox"/> WALK IN	
REGULARLY ATTEND TCCC SUNDAY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO			

The information whether personal or otherwise collected in this Form will be used to process the intended participant's application for program/activity participation; the registration of individuals in programs/activities; payment of fees; aggregate statistical reporting; and contacting the Participant and/or the Parent(s)/Guardian(s) regarding upcoming programs/activities. Questions about this collection can be directed to the Program Coordinator or telephone 905.946.8787.



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASUMPTION OF RISKS & INDEMNITY AGREEMENT ("RISK WAIVER"

I recognize that my participation in the program/activity for which I have registered may include risks to my health or risks of injury to me. I hereby willingly, freely, voluntarily, and without duress assume such health risks or risks of injury, and I assume full responsibility before, during and after my participation in the program/activity. I, for myself, my heirs, executors, administrators, successors, assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE and HOLD HARMLESS the 105 Gibson Centre or Toronto Christian Community Church, all other organizations, associations and companies affiliated to or associated with any of the programs/activities organized, operated, undertaken or offered by the 105 Gibson Centre, and all their respective successors, assigns, Directors, Organizers, staff, employees, officers, agent and other Volunteers OF AND FROM ALL liabilities, claims, demands, losses, damages, costs, actions and other proceedings, either in law or in equity, whatsoever and however Caused, arising or to arise by reason of my participation in the program/activity or any of its associated activities.

I certify that all information provided by me is true and complete. I understand and consent to the collection and use of my personal information in order to ensure the safety of other participants and volunteers and staff, employees, officers and agent of 105 Gibson Centre, for statistical purposes, and to inform me about further programs or activities. I further agree not to hold 105 Gibson Centre, all other organizations, associations and companies affiliated to or associated with any of the Program, and all their respective successors, assigns, directors, organizers, staff, employees, officers, agent and other volunteers liable for claims, demands, damages, losses, costs, actions, other proceedings and injuries during the Program and related activities. I acknowledge that my image may be recorded (by video or photograph). I understand and give permission for 105 Gibson Centre to use my name and image for promotional purposes of 105 Gibson Centre and Gibson Ministry without compensation.

By signing below, I acknowledge that I have read, understood and agree with the content hereof, where applicable.

Signature of Participant _____ Date _____

If you are under 18 year's old, this form has to be read, signed and dated by your Parent(s)/Guardian(s)

I recognize that the participation in the program/activity for which the above-named Participant for whom I am the Parent/Guardian or otherwise in law responsible have registered may include risks to the health or risks of injury him/her. I hereby willingly, freely, voluntarily, and without duress assume such health risks or risks of injury for myself or for the above-named Participant for whom I am the Parent/Guardian or otherwise in law responsible, and full responsibility before, during and after his/her participation in the program/activity. I, for myself and the above-named Participant for whom I am the Parent/Guardian or otherwise in law responsible, our respective heirs, executors, administrators, successors, assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE and HOLD HARMLESS the 105 Gibson Centre or Toronto Christian Community Church, all other organizations, associations and companies affiliated to or associated with any of the programs/activities organized, operated, undertaken or offered by the 105 Gibson Centre, and all their respective successors, assigns, directors, organizers, staff, employees, officers, agent and other volunteers OF AND FROM ALL liabilities, claims, demands, losses, damages, costs, actions and other proceedings, either in law or in equity, whatsoever and however caused, arising or to arise by reason of his/her participation in the program/activity or any of its associated activities. By signing below, I acknowledge that I have read, understood and agree with the preceding risk waiver.

I certify that all information related to the above-named Participant for whom I am the Parent/Guardian or otherwise in law responsible provided is true and complete. I understand and consent to the collection and use of the personal information the above-named Participant for whom I am the Parent/Guardian or otherwise in law responsible in order to ensure the safety of other participants and volunteers and staff, employees, officers and agent of 105 Gibson Centre, for statistical purposes, and to inform him/her about further programs or activities. I, for myself and the above-named Participant for whom I am the Parent/Guardian or otherwise in law responsible further agree not to hold 105 Gibson Centre, all other organizations, associations and companies affiliated to or associated with any of the Program, and all their respective successors, assigns, directors, organizers, staff, employees, officers, agent and other volunteers liable for claims, demands, damages, losses, costs, actions, other proceedings and injuries during the Program and related activities. I, for myself and the above-named Participant for whom I am the Parent/Guardian or otherwise in law responsible acknowledge that his/her image may be recorded (by video or photograph). I, for myself and the above-named Participant for whom I am the Parent/Guardian or otherwise in law responsible understand and give permission for 105 Gibson Centre to use his/her name and image for promotional purposes of 105 Gibson Centre and Gibson Ministry without compensation.

By signing below, I acknowledge that I have read, understood and agree with the content hereof, where applicable.

Parent/Guardian's Name _____ Parent/Guardian's Signature _____ Date _____