

Seabrook Community Centre Program Enrolment Form

(Return to Centre Coordinator with payment, if office unattended you may leave form in the black internal mail box, located on the wall left of the office window)

PROGRAM:

CIRCLE ONE: **FULL TERM** / **CASUAL**

FULL NAME:

ADDRESS:

CONTACT NO 1:

CONTACT NO 2:

EMAIL:

DO YOU SUFFER FROM ANY MEDICAL CONDITION THAT WE SHOULD KNOW ABOUT? (Please List)

MEDICAL CONDITION/S:

I agree to the class instructor calling an ambulance in the case of an emergency **YES** / **NO**
If no, please advise action to be taken in the case of a medical emergency:

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Name of contact person in case of an emergency:

Emergency contact number:

Signature:

OFFICE USE: Total Cost: _____ Payment Received: _____

Date: _____ Receipt No: _____ Centre Coordinator: _____