

For office use only:	Supplemental Information Form Completed	07-03-01A Publicity and Release Form Completed	Payment Made
	Attached <input type="checkbox"/> N/A <input type="checkbox"/>	Attached <input type="checkbox"/> Refused <input type="checkbox"/>	Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit <input type="checkbox"/>



REGISTRATION FORM

Community Junction

Please return the completed registration form along with payment **(Payable to Community Living Toronto)** and completed publicity and release form to:

By mail or in person:

**The Community Junction
2934 Dundas Street West,
Toronto, ON M6P 1Y8
647-729-1153**

By Email:

communityjunction@cltoronto.ca

Participant's Full Name: _____

Date of Birth (m/d/y): _____ Gender: Other Male Female

Street Address: _____

City: _____ Postal Code: _____

Full Name of Parent(s) / Guardian: _____

Full Address (if different from that of Participant): _____

Phone Numbers: Home: _____

Work: (mother): _____ (father): _____

Cell: (mother): _____ (father): _____

E-mail Address(es): _____

Emergency Contact:

Name:	Contact Number	Relationship to individual

Medical or Behavioural Alerts (More information to be provided on Supplemental information form for first registration or as conditions change.)

PLEASE ENSURE YOUR FAMILY MEMBER CARRIES EMERGENCY ID WHEN ATTENDING A PROGRAM

I / We give permission for my / our child / family member _____ to go on community excursions if necessary during their attendance at the above programs. I / We hereby absolve Community Living Toronto of any responsibility for any injuries that may occur on any outings. I / We give permission for my / our child / family member to be photographed for promotional purposes.

Parent/Guardian: _____ (print name & provide signature) Witness: _____ (print name & provide signature)

Date: _____ Date: _____