

Registration Form



E-mail Registration Form to:communityprograms@tdsb.on.ca			Date:			
Last Name	First Nan	ne		Date of Birth		
Apt. No. Street	No. Street Name	City	Postal Code	// Day/Month /Year (*required)		
Home Telepho	ne No.Mobile Telephone Nname.	o. Email Address * Re	quired, th	is will be		
I (Registrant) hereby release the Toronto District School Board (the "TDSB"), its employees, volunteers and agents from any and all liability for any injury or property loss sustained by me, regardless of how caused, resulting from my participation in the course(s) below. I further agree to hold harmless and indemnify the TDSB from all claims, demands, causes of actions, loss, costs, or damages whatsoever, including but not limited to claims, demands, causes of actions related to loss, damage, and/or bodily injury to myself arising out of my participation. I further agree not to record any course(s) I am registered in or other persons participating in the course(s), during in-person or online classes. I Accept I acknowledge that I am fully aware of the course description(s) and level of activity involved, am physically fit for participation, and have not been advised to refrain from the activity by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation. Should I require medical treatment, I agree to give permission to have the TDSB arrange for any emergency medical care including hospitalization and transportation, to the administration of such emergency medical treatment as may be deemed necessary in the circumstances and agree to pay all costs associated with medical care and transportation. I Accept						
Selection No. Course	1 Course	Course Location				
Code	Title	Course Location				
Day of the Week	Time	Start Date	Fina	I Price		

Selection No	. 2		
Course Code	Course Title	Course Location	
Day of the Week	Time	Start Date	Final Price
	-		\$
Payment Info	rmation Note: The p	payment system will not acce MasterCard Debit at this til	•
UISA M	asterCard		
Name on Card		Total Amount F	Received: \$
Program Acce persons with d accommodation accommodation accommodation Continuing Edu Notice of Coll sections 58.5(1) Regulation 298 Toronto District Ontario student accordance with 1990, c. M. 56 above purpose	material costs are included mmodation: The TDSE isabilities. Registrants are in known in advance of control in including arrangement ucation Office at 416.338 ection: Personal information, 170, 171 of Education St. Operation of Schools et School Board ("TDSB" at records and for adminitional that the Municipal Freedor and will only be disclosed.	S strives to meet the accommee encouraged to make their commencing a Learn4Life class related to a fire safety pla	is included where applicable nodation needs of needs for ass. If you require n, please contact the TDSB d under the authority of Education Act") and Act and will be used by establish and maintain mation is retained in ion of Privacy Act, R.S.O. in order to administer the
structure. Refund Policy Fees paid by of acknowledges TDSB Learn4l duration: No courses five vibe processed in pro-rated refund TDSB receives class of the considered after refunds or transubmit request *Mail - John Policy	cheque or cash will be reclearance of the cheque Life account is no long refunds or transfer requered weeks or longer: A refuse the TDSB receives the ad (minus the \$15.00 admissible the request for refund is urse. No refunds or trand courses: A refund is cels the course before the the class begins. Subster after the first class. Its: Email - communitypro	sed back to the original cred funded by cheque after Cone. Allow 4-6 weeks. The opper available. For courses usets will be considered after and (minus the \$15.00 adminated after administrative fee per course) who writing after the second classers will be considered after issued to the learner's TDSE are course begins. No refund mmer Refund Policy: The Requesting a refund: There agrams@tdsb.on.ca, On-line	lit card used for payment. Itinuing Education staff Ition to keep funds on the Itinuing Education staff Ition to keep funds on the Itinuing Education staff Itinuing Edu

I acknowledge that I have read and understood the information provided.

NAME (PLEASE PRINT):_______DATE: _____