

Bow Corridor Continuing Education Council



**Bow Corridor
Continuing Education Council**

Course Registration Form

Use this form to register for courses offered in this Community Class Calendar. Each agency has its own registration process and requires a separate form (e.g. Town of Banff, The Banff Center, the Town of Canmore etc). Additional forms can be downloaded from www.bccec.com.

This form must be completed if you are an adult registering for a program OR if you are the parent/guardian of a child being registered for a program.

Personal Information

Name: _____

Mailing Address: _____

Postal Code: _____ Email: _____

Phone (day)* We must be able to contact you during the day!: _____ (evening) _____

Course Information

Agency offering course; (Town of Banff, The Banff Center, The Town of Canmore). _____

	Participants	Name	Birthdate	Sex	Course Name	Course # Session#	Start date	Fee
1)								
2)								
3)								
4)								

Payment Terms

Full fee must accompany the registration form. Please make cheques payable to the agency offering the course. No post dated cheques please.

You will be contacted if there are any changes to the course. Please refer to individual agencies for refund policies.

If paying by MC/Visa: Card No. _____ Expiry date _____

Name as it appears on the card.: _____

Waiver

I certify, that to the best of my knowledge, the participant named herein is physically fit and able to engage in the above named activities. In case of emergency, I give my permission for emergency treatment. I hereby release the course agency indicated above from all claims for damages or loss arising from any accident or injury which is caused by or arises from the participation of the individual named herein during any program or in any facility or at any location where a program is being held, and agree not to sue the agency. My signature acknowledges that I understand and agree to the above conditions.

Signature _____ Print Full Name _____ Date _____

My relationship to participant: Parent _____ Guardian _____ Participant _____

This personal information is being collected under the authority of the Municipal Government Act for the purpose of participating in Community Classes. It is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Coordinator, BCCEC Box 748, Banff, AB T1L 1K1.

Office Use only:

Amt rec'd \$ _____ Form of payment _____ Date _____

Receipt # _____ Staff Initials _____