

CABBAGETOWN YOUTH CENTRE

2 Lancaster Avenue
Toronto, ON M4X 1C1
Tel: 416-960-1032
Fax: 416-960-0113

650 Parliament Street
Toronto, ON M4X 1R3
Tel: 416-513-9802

240 Wellesley Street East
Toronto, ON M4X 1G5

280 Wellesley Street East
Toronto, ON M4X 1G7
Tel: 416-963-9528

www.cabbagetownyouth.ca

GENERAL PROGRAM REGISTRATION AND RELEASE FORM (double sided)

A Please check the program you wish to participate in

PERFORMING ARTS

- Hip Hop Dance
- Company Dance
- Adult Dance
- Creative Writing
- Drama

NOTE:

If you register for Company
Dance you must also take
Hip Hop Dance

AFTER – FOUR

- Winchester P.S
- Rose Ave. P.S.
- MARCH BREAK CAMP

YOUTH SPORTS

- Basketball Skills 14 & Under
- Basketball Drop-In 18 & Under
- Indoor Soccer Skills 14 & Under
- Indoor Soccer Drop-In 18 & Under

RECREATION

- Weight Room
- Wrestling
- Step Aerobics Adult (Fee)
- Jujitsu
- Karate
- Kendo
- Iaido
- Aikido
- Boxing (Fee)
- Other

B

Today's Date: _____
Day / Month / Year

Last Name: _____ First Name: _____

Male: _____ Female: _____ Birth Date: _____
Day / Month / Year

Address: _____ Apt: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Email: _____

Parent / Guardian Name: _____ Relationship _____ Work Phone: _____

Parent /Guardian Name: _____ Relationship _____ Work Phone : _____

Emergency Contact Name 1: _____ Relationship: _____ Phone _____

Is this child allowed to go home alone? (Child must be 10 years old) Yes No

Who is authorized to pick-up your child? _____

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

I give permission for _____ to participate in the outings, which have been scheduled for the program.
Please make sure your child brings the appropriate items for an outing (e.g. Lunch, hat, bathing, suit, towel, sunscreen, etc)

Signature of Parent or Guardian _____ Date: _____

(Turn Over)

