



Registration Form

Program Name (if applicable): _____

Participant's Name: _____ Birthdate: _____

Participant's Address: _____ City _____ Postal Code _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

Gender (Optional): Female Male Undisclosed Other: _____

What are your preferred pronouns (optional)? (Example: he/him, her/she, they/them). _____

Do you wish to disclose any specific cultural or ethnic background to us (optional)?

Do you speak any languages other than English? If yes, please elaborate:

Are there any Allergies or Medications that are important for us to know? (Please list all):

Do you have an infectious disease that could impact others at Lifetime Networks? Yes No _____

Do you have a legal representative? Yes No Name of representative (Committee, Representation Agreement, Adult Guardian, and Temporary Substitute Decision Maker): _____

I acknowledge that Lifetime Networks is a peanut, perfume/cologne and shellfish free area.

I am providing my express consent to receive electronic messages to the above noted email address from Lifetime Networks such as newsletters, announcements, programs and events. I may opt out at any time by contacting the office. Yes No

Alternate Contact: _____ Email Address: _____

Relationship to Participant: _____

Address: _____ City _____ Postal Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I am providing my express consent to receive electronic messages to the above noted email address from Lifetime Networks such as announcements, programs and events. I may opt out at any time by contacting the office. Yes No

Emergency Contact Name: _____

Phone No. for Emergencies: _____

For Office Use Only:

Program Fee: \$ _____ Payment by: Cash/Cheque/Money Order Visa M/C

Credit Card No: _____ Expiry Date: _____ CSC: _____ Postal Code: _____