

PARKRIDGE COMMUNITY ASSOCIATION

Program Registration Form (Please keep this receipt for income tax purpose)	
Parent / Guardian / Participant Name: (PLEASE PRINT)	
Address:	POSTAL CODE:
Email: (Will only email to tell you about cancelled classes):	
Phone Numbers: Home:	Work:
Are you willing to help with the Parkridge Community Association events? YES / NO	
Would you like to make your community even better & volunteer for the Parkridge Community Association? YES / NO	

Participant's Name	Birthdate (Child Only)	Which Program?	Age (Child only)	\$ Fee
		Parkridge Community Association Membership		\$0
TOTAL PAID				
Received By: _____		Paid by Cash / Chq # / Cost as a Barrier / e-transfer _____		

Please email a copy of the completed form to indoorcoordinator.pca.sk@gmail.com

E-transfer Instructions:

1. Please send all e-transfers to treasurer.pca.sk@gmail.com and use password "parkridge" (no quotes).
2. On the E-transfer payment memo line, please indicate your first and last name as well as the program you are registering for.

<p>Waiver</p> <p>I understand that my participation in this program is at my own risk. Any and all loss and/or injury to myself and/or my child/ward are my sole responsibility. I also understand that the Parkridge Community Association and its instructors cannot be held liable for said loss and/or injury.</p> <p>*Parent/Guardian or Participant's Signature: _____</p> <p>*Date: _____</p>
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The **Parkridge Community Association** offers affordable programs. **If you can't afford the cost of a program**, please let us know when you register. Email: treasurer@pca.sk@gmail.com. We may be able to cover some costs through the "Cost as a Barrier" program. All requests are kept confidential.

Refund Policy:

- If the program you signed up for has to be cancelled we will call you and mail you your money.
- Unfortunately, no refund can be made for a class after you have attended the first session.

We hope you enjoy your class!