

# Registration Form

For faxed applications, payment must be made by VISA or MasterCard

Mail or drop off Registration Form to:  
 Continuing Education  
 2 Trethewey Drive, 3<sup>rd</sup> Floor  
 Toronto, Ontario M6M 4A8

Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month \* Year (\*required)

Client Number \_\_\_\_\_ PIN Number \_\_\_\_\_ Apt. No \_\_\_\_\_ Street No. \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Telephone No. \_\_\_\_\_ Business Telephone No. \_\_\_\_\_ Mobile Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

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 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. 1**

Course Code	Course Title	Course Location	Day of Week
_____	_____	_____	_____
Time _____	Start Date _____	Course Fee \$ _____	

**Selection No. 2**

Course Code	Course Title	Course Location	Day of Week
_____	_____	_____	_____
Time _____	Start Date _____	Course Fee \$ _____	

**Payment Information**

Card Number \_\_\_\_\_ Expiry \_\_\_\_\_

VISA    MasterCard    Cheque    Money Order    Cash\*    **\*Cash is ONLY accepted at the Continuing Education Office.**

Registrar \_\_\_\_\_ Date \_\_\_\_\_ Total Amount Received \$ \_\_\_\_\_

If appropriate, material costs are included. Please note that H.S.T. is included where applicable. Make cheque or money order payable to Toronto District School Board. Please bring your receipt to the first class.

**Program Accommodation:** The TDSB strives to meet the accommodation needs of persons with disabilities. Registrants are encouraged to make their needs for accommodation known in advance of commencing a Learn4Life class. If you require accommodation, including arrangements related to a fire safety plan, please contact the TDSB Continuing Education Office at 416.338.4111.

**Notice of Collection:** *The information you have provided is collected in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990, c. M. 56 and is used for registration purposes only. If you have any questions, please contact: Program Manager of Community Programs, Continuing Education, TDSB at 416.338.4111. Revised December 2017.*

**Course Cancellation:** A minimum number of registrants are required to open a class. The TDSB has the right to make the final decision to open or close a class or to revise the fee structure.

**Refunds:** The TDSB will provide a full refund if the TDSB cancels a course or if the TDSB receives the written request for withdrawal before the first class. Please note that for subsidized courses the TDSB issues no refunds. A credit is issued if the TDSB cancels the course. Under five weeks in duration: A refund will be issued if the TDSB receives the refund request in writing before the first class. No refunds or credits will be considered after the first class. Five weeks or longer: A refund will be issued if the TDSB receives the refund request in writing before the second class. A pro-rated refund will be issued if the TDSB receives the request for refund in writing after the second class, but before the third class of the course. No refunds or credits will be considered after the third class of a course. A \$15 administrative fee per course will be applied to all refund requests unless otherwise stated. This administrative fee will be waived if registrants accept a credit on their TDSB Community Programs account. All requests for withdrawals, refunds, credits, and transfers must be made in writing. There are four ways to submit requests: Email - [communityprograms@tdsb.on.ca](mailto:communityprograms@tdsb.on.ca), On-line - [www.learn4life.ca](http://www.learn4life.ca), Mail - 2 Trethewey Drive, 3rd Floor, Toronto, ON M6M 4A8, Fax - 416-394-3877.

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

NAME (PLEASE PRINT): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_