

***Upload Registration Form to Learn4Life account once completed.**

Date: _____

Last Name _____ First Name _____ Date of Birth _____
 _____ / _____ / _____
 Day/Month /Year
 (*required)

Apt. No. Street No. Street Name _____ City _____ Postal Code _____

Home Telephone No. Mobile Telephone No. Email Address * **Required, this will be used as Username.**

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 further agree not to record any course(s) I am registered in or other persons participating in the course(s), during in-person or online classes.

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 the Week	Time	Start Date	Final Price
_____	_____	_____	\$ _____

Selection No. 2

Course Code	Course Title	Course Location	
_____	_____	_____	_____
Day of the Week	Time	Start Date	Final Price
_____	_____	_____	\$ _____

Payment Information VISA MasterCard

Name on Card _____ Total Amount Received: \$ _____

Card Number _____ C V V(*required) _____ Expiry: _____

If appropriate, material costs are included. Please note that H.S.T. is included where applicable.

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:

Personal information on this form is collected under the authority of sections 58.5(1), 170, 171 of Education Act, R.S.O. 1990, c.E.2 ("Education Act") and Regulation 298: Operation of Schools – General under Education Act and will be used by Toronto District School Board ("TDSB") for school registrations, to establish and maintain Ontario student records and for administrative purposes. The information is retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56 and will only be disclosed to authorized TDSB staff in order to administer the above purposes.

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.

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

NAME (PLEASE PRINT): _____ SIGNATURE: _____ DATE: _____
