

# ADULT REGISTRATION FORM

## PARTICIPANT INFORMATION

Last Name :	First Name :
	Member Number:
Address :	
City :	Postal Code :
Home Phone : (     )	Daytime Phone : (     )
Email :	Alternate Phone :

## COURSE SELECTION (additional classes can be noted on back or second page if faxing)

Course Name :	Course #	Fee

## PRIVACY NOTICE

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## INFORMED CONSENT AGREEMENT

I the UNDERSIGNED hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both. I understand that the RULES and REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I hereby WARRANT I am physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO or THE FACULTY OF KINESIOLOGY AND PHYSICAL EDUCATION AT THE UNIVERSITY OF TORONTO shall not be liable for any injury to my person and/or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees or agents while acting within the scope of their duties. I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf.

## SIGNATURE

## PAYMENT INFO IF REGISTERING BY FAX (416-946-7679)

Total Payment :	Payment Type:	VISA	MC	AMEX	CASH
Name on Card:	Number:				
Signature:	Expiry Date:				

I am interested in being a potential research participant at the University of Toronto. I give consent to disclose personal information including my name, age, gender, phone number and/or email. I understand that I may be contacted regarding a specific study and have the option of declining at that time.

I give my consent to be a potential research participant as indicated above for the Faculty of Kinesiology and Physical Education. Yes ☐ No ☐

I CONSENT THAT THE UNIVERSITY OF TORONTO'S FACULTY OF KINESIOLOGY AND PHYSICAL EDUCATION MAY USE THE EMAIL ADDRESS I'VE PROVIDED TO SHARE INFORMATION ABOUT ITS PROGRAMS OTHER THAN THE ONE(S) FOR WHICH I HAVE ALREADY REGISTERED.

Yes ☐ No ☐ Signature \_\_\_\_\_



UNIVERSITY OF TORONTO  
FACULTY OF KINESIOLOGY & PHYSICAL EDUCATION

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