

Department of Recreation Winter Fitness Mail-In Registration Form

MAIL-IN REGISTRATION ONLY

Mail form with Cheque/Money Order to:  
Antigonish Town Recreation Dept.  
274 Main Street, Antigonish, NS B2G 2C4

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_

E-mail: \_\_\_\_\_ Family Physician \_\_\_\_\_

Medical condition(s): \_\_\_\_\_

Program
1
2
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Enclosed is a cheque/money order in the amount of \$ \_\_\_\_\_ payable to the Town of Antigonish Recreation Department.

PLEASE DO NOT SEND CASH THROUGH THE MAIL.

I/we the undersigned agree not to hold the Town of Antigonish, or any of its agents liable for any injuries sustained by any person registered by me/us while a participant of this program.

\_\_\_\_\_

**Signature**

**Date**