



**VIRGINIA PARK COMMUNITY CENTRE**  
 51 Harding Rd PO Box 21011  
 St. John's, NL A1A5B2  
 579-4534

**2022-2023 Adult Program Registration Form**

**PARTICIPANT INFORMATION:**

**ADULT PROGRAM REGISTRATION**

**Participant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Tenant of NLHC: YES or NO

Is there any Medical Treatment or any Medical Conditions / Allergies that we should be aware of ?

**YES** \_\_\_\_ **NO** \_\_\_\_ **If yes, please give details:**

\_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contacts:**

\_\_\_\_\_  
 \_\_\_\_\_

**I certify that to the best of my knowledge, I am in good health and able to take part in all normal activities. I agree that in the event of any Medical Emergency that may arise, those responsible should take appropriate action including initiation of Hospital treatment. (Emergency contacts will be called immediately)**

I agree       I disagree

**PHOTO RELEASE FORM**

Throughout the year pictures may be taken of people participating in various programs at the Community Centre. These pictures may be used in the community newspaper or on the Community Centre social media formats. In order to take pictures of any of the people participating in Centre programs, we would need written permission to do so. Below is the photo release form that we need to have signed for all participants registered in our programs.

I give permission for my picture to be taken while participating in Community Centre Programs. I am aware that some of these photos may be used on the Centre's website or in the community newspaper.

I accept       I decline

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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