

**PERSONAL INFORMATION FOR REGISTRATION  
CONFIDENTIAL WHEN COMPLETED**

<b>First Name:</b>	<b>Last Name:</b>
<b>Street:</b>	<b>Unit:</b>
<b>City:</b>	<b>Postal Code:</b>
<b>Home Phone #:</b>	<b>Cell #:</b>
<b>Email Address:</b>	

**Please list the program(s) that you are interested in:**

<b>In Case of Emergency, please provide information on two (2) persons to contact:</b>			
<b>Name:</b>		<b>Name:</b>	
<b>Relationship:</b>		<b>Relationship:</b>	
<b>Home Phone:</b>		<b>Home Phone:</b>	
<b>Cell Phone:</b>		<b>Cell Phone:</b>	
<b>Work Phone:</b>		<b>Work Phone:</b>	

<b>Information we need to best support you</b>	
<b>Medical Considerations/Support Needs:</b> (Conditions, food allergies, seizures, mental health, behaviour management, etc.)	
What do you do to help yourself when you are having a hard time, and how can we help?	



**THESE SESSIONS ARE BEST SUITED FOR THOSE WHO ENJOY AND  
CAN BE SUPPORTED IN SMALL GROUPS.**

**ALL PASSPORTS OPTIONS REQUIRE A MINIMUM REGISTRATION TO RUN.**

<b>Refund Policy:</b>
<input type="checkbox"/> I understand and I agree to the LEG Up! Refund Policy as posted at registration.

<b>For office use only</b>	<b>Date:</b>
Participant Name:	
Name needed on the receipt:	
Address:	
Phone Number :	