



Mississippi
Mills

Municipality of Mississippi Mills Recreation & Culture Dept.

5 Span Strong Kids Program Registration Form

Pakenham

Date: _____

Participant's Name: _____

Date of Birth (YYYY/MM/DD): _____ Gender: _____

Mailing Address: _____

Phone #: _____ Email: _____

Special Needs/Food Allergies: _____

EMERGENCY CONTACT INFORMATION

Mother: _____ Phone number: _____

Father: _____ Phone number: _____

Guardian: _____ Phone number: _____

Signature (parent or guardian): _____

Registration Fee: \$ _____ Paid by: _____

(If registering multiple children, please complete a separate form for each child)

Registration form can be emailed to 5SpanStrong@gmail.com

For program cost, please go to www.mississippimills.ca/recreation.