

Municipality of Mississippi Mills Recreation & Culture Dept.

Youth Volleyball Program Registration Form Fall 2025

	Check one	: Grade 6-8 Grade 9-12
Participant's Name:		
Date of Birth (YYYY/MM/DD):		
Mailing Address:		
Phone #:		
Email:		
Are you a resident of Mississippi Mills	? Yes or No (circle	e one)
EMERGENCY CO	ONTACT INFORMATION	N
Name:	Phone number:_	
Signature:		
Date:		
Registration Fee: \$40 resident, \$55 ne	on-resident	
Paid by: cash cheque T	otal paid:	

The personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25, s. 8, 9 and 11 and will be used for recreation program registration. Questions about this collection should be directed to the Recreation Manager, 14 Bridge Street, Almonte, Ontario, KOA 1AO.