

Town of Berwick Univerus Rec Account Setup Guide



STEP 1: CREATE ACCOUNT





Town of Berwick

Online Program Registration

The Town of Berwick is known as a healthy, active place to live, work and play. The department of Community Development strives to provide a wide range of programming opportunities that are safe, welcoming and fun!

On this site you will be able to view and register for upcoming programs.

For more information on the programs and services we provide, or if you have an idea for something new, please drop by our office or find us [online](#).

MY ACCOUNT	NEXT STEPS
<div> Logon to Account<ul style="list-style-type: none">• Edit Contact Information• Manage Family Members• View Your Account• View Your History</div> <div> Create Account<ul style="list-style-type: none">• New Users Only• Do Not create a new account if you have registered with</div>	<div> Register Now<ul style="list-style-type: none">• Registered with us before? Click here to Log on• After logon view our Program Catalog</div> <div> View Program Calendars<ul style="list-style-type: none">• View Schedules of classes• View your personal Schedules</div>

STEP 2: FAMILY MEMBER ACCOUNT



Create Account



What type of account would you like to create?



Click to Create
Individual Account



Click to Create
Family Member Account

Create an **Individual** Account if you are an adult making purchases for yourself. You may add family members to your account at any time.

Create a **Family Member** Account if you are making purchases for family members and you are the primary billing contact.

STEP 3A: BILLING INFORMATION

Step 1. Create Billing Contact

Step 2. Add Family Members

Step 3. Activate Account

Step 4. Account Activated

Billing Contact Information: Note: Red text indicates required fields.

Billing First Name:

Billing Last Name:

Address 1:

Address 2:

Country:

Prov/State:

City:

Postal/Zip Code:

Phone 1:

Phone 2:

Email:

Alternate Email:

Client #:

STEP 3B: GUARDIAN

INFO/MEDICAL INFO

Extra Information

Birthdate:

Gender Pronoun:

Guardian 1 Name:

Guardian 1 Phone:

Emerg. Contact:

Guardian 2 Name:

Guardian 2 Phone:

Emerg. #:

Permission To Take Photos Granted?:

Medical Information

Do you have any of the following conditions or requirements?:

Allergies: ☐ Yes ☒ No Epi-pen Required: ☐ Yes ☒ No

Other Medical Conditions: ☐ Yes ☒ No

Please explain: