

Neepawa Recreation Services

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2017 PROGRAM REGISTRATON

Program you are registering for: _____

Date of Program: _____

Name of Registrant: _____

Address: _____

Email: _____ Phone #: _____

Please complete the following for child-related programs:

Date of Birth: _____ MB Health #: _____ PHIN#: _____

Parent/Guardian Name: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____

List any allergies/medical concerns: _____

Does your child take Medication (Ex. Epi-Pen): _____

Child may be picked up by: _____ Phone#: _____

Releases and Refunds:

1. I hereby give permission for me/my child to be photographed by the Town of Neepawa Staff/Designate and hereby understand that such photographs become property of the Town of Neepawa, and may be used for the purpose of future promotions material relevant to the Program. ___ Yes ___ No _____ Initial
2. All participants must abide by the regulations, rules and guidelines set forth by the program and may be dismissed from the program at the discretion of the Director of Recreation Services. _____ Initial
3. The risk of sustaining injuries results from the nature of the activity and can occur without fault of the participant, the Town of Neepawa, the Town of Neepawa staff/Designates, or the facility in which the activity is taking place. _____ Initial
4. A refund may be given for medical reasons only (Dr's note required). Refunds will be issued 2 weeks following a refund request and will be issued in the form of a cheque or program credit. Approved refunds will be charges a \$10 administration fee. _____ Initial
5. If applicable, I am aware children will only be released into the custody of the parent/guardian and those listed above unless I notify management. _____ Initial

I have read the program information, the Release and Refund information; I understand all the information provided; and I assume the risks associated.

Participant/Parent/Guardian Signature: _____

Date: _____