

Program Registration Form

Contact Information

Adult/Parent/Guardian - Last Name	First Name	M / F
Address	City	Postal Code
Cell Phone Number	Home Phone Number	Emergency Contact Number
Email Address		

Participant #1 Information

Last Name	First Name	Date of Birth	M / F
Medical/Participation Concerns			

Program Information

Program #1	Program Name:	Session	Start Date
	Time	Location	Cost
Program #2	Program Name	Session	Start Date
	Time	Location	Cost

Participant #2 Information

Last Name	First Name	Date of Birth	M / F
Medical/Participation Concerns			

Program Information

Program #1	Program Name:	Session	Start Date
	Time	Location	Cost
Program #2	Program Name	Session	Start Date
	Time	Location	Cost

City of Selkirk
 Culture, Recreation, and Green Transportation
 630 Sophia St., Selkirk, MB R1A 2K1

Phone: (204) 785-4952
Fax: (204) 785-2331
Email: sleonard@cityofselkirk.com

Total	Paid	Cheque	Cash	Receipt Number	G/L
	Y N				



Informed Consent Agreement

I/we the undersigned hereby acknowledge that certain risks of injury are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's actions or inactions of others, or a combination of both.

I/we understand that the rules and regulations are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations

I/we understand that certain activities require a minimum level of fitness and health (physical, mental, and emotional) and that each person has a different capacity of participating in these activities.

I/we agree that the City of Selkirk and/or its employees, servants, or agents shall not be liable for any injury to any person or loss or damage to personal property arising from, or in any way resulting from, my or my child's participation in these activities, unless such injury, loss, or damage is caused solely by the negligence of the City or its employees, servants, or agents while acting.

If applicable, I/we agree to allow my child to be photographed while participating in City of Selkirk programs for future advertising publications. I/we agree to allow my child to participate in off-campus field trips that may require the use of public transportation.

I/we agree that we have read and understood the above Informed Consent Agreement in its entirety and hereby consent to participate, acknowledging all the foregoing.

Signature
(Parent/Legal Guardian)

Date

Refund Policy

* If a registrant withdraws from a program 5 or more business days before the start of the program, they may receive a full refund minus a \$15.00 administration fee. Refunds after this date are subject to the discretion of the Director of Culture, Recreation and Green Transportation. Request for refunds must be in writing (email). NSF cheques will be charged a \$40 fee.

* A full refund will be issued for any program cancelled by the City of Selkirk.

* No refunds will be issued for any participants that have been asked to leave a class or program.

Note: Individual classes during a program may be cancelled due to circumstances beyond our control. Make up classes will be offered when possible.