



UNIVERSITY OF MANITOBA SECURITY SERVICES

R.A.D. WOMEN'S SELF-DEFENSE REGISTRATION



PARTICIPANT / PARENT INFORMATION

First Name:	Last Name:
Email:	Age:
Phone Number:	Cell Number:

CHILDREN PARTICIPATING Age 16 +

Name:	Age:
Name:	Age:

EMERGENCY CONTACT

Name:	Relationship:
Phone 1:	Phone 2:

**To register, please supply a signed copy, and appropriate payment at the
Welcome Center 423 University Crescent.**

R.A.D.12HourCourse
U Of M Students \$25.00
U Of M Staff \$30.00

Payment: exact cash or cheque is required when registering .Please note that course fees are non-refundable. Cheque payable to: University of Manitoba.

COURSE DATE: _____

Signature : _____ Date: _____

For office use only: payment Cash_____ or Cheque _____
UMSS Name: _____ UMSS Signature: _____