

# Registration Form



**145 Frank Kennedy Centre,**  
University of Manitoba, Wpg, MB R3T 2N2  
Fort Garry Campus: Ph: 474-6100 / Fax: 474-7503  
Bannatyne Campus: Ph: 789-3858 / Fax: 789-3944

## Personal Information

Last Name: ..... First Name: .....

Gender: Male  Female  Birthdate (mm/dd/yyyy): .....

Daytime Contact Number: .....

Address: .....

City: ..... Province: ..... Postal Code: .....

Home Phone Number: ..... Email: .....

Emergency Contact Person: .....

Emergency Contact Phone Number: ..... Home: ..... Cell: .....

Tell Us More About You: Student  Staff  Student & Staff  Alumni  Community Member

I would like to receive e-mail notification about facility closures, program & membership information, and Bison Recreation Services news, events and promotions.

## Program Information

1. Program Title: ..... Program Code: ..... Cost: .....

2. Program Title: ..... Program Code: ..... Cost: .....

3. Program Title: ..... Program Code: ..... Cost: .....

4. Program Title: ..... Program Code: ..... Cost: .....

## Payment Information (fax & mail registrations) *Please make cheques payable to the University of Manitoba. Please note, we do not accept post-dated cheques.*

Please check the method of payment: Cheque  Visa  MasterCard

Credit Card Number: ..... Expiry Date: ..... Amount: .....

Date: ..... Signature: .....

## Medical Screening

**Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO.**

- |                                                                                                                                     |                              |                             |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Do you feel pain in your chest when you do physical activity?                                                                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. In the past month, have you had chest pain when you were not doing physical activity?                                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Do you ever faint or do you lose your balance because of dizziness?                                                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Do you know of any other reason why you should not do physical activity?                                                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**If you answer YES to any of the above questions, you must obtain a medical clearance by a physician before participating in any of the aforesaid programs or membership services. A medical clearance form may be obtained at the Customer Service Desk or from our website.**

### **RELEASE, INDEMNITY, ACKNOWLEDGEMENT OF RISK, AND CONDITIONS OF ENROLLMENT – all participants read and sign below**

*The Participant, or the Undersigned on behalf of him/herself and the Participant (collectively the "Releasor"), hereby release and discharges The University of Manitoba, The Faculty of Kinesiology & Recreation Management, and their employees, contractors and volunteers (collectively the "University") from any and all claims and demands that the Releasor, his/her heirs, executors, or assigns now or in the future may have against the University, for or by reason of any damage, loss or injury (including death) in connection with the Participant's involvement in any activity which is the subject of this Registration, including where caused by the negligent act or omission of the University. The Releasor further understands that the Participant will be using the University's facilities for activities which have inherent risk, and assumes the risk of that involvement.*

*Where the participant is under the age of 18, the Undersigned represents that he/she is a parent or guardian legally responsible for the Participant. The Undersigned agrees to indemnify and save harmless the University from any claims made by the Participant in connection with the Participant's involvement in any activity which is the subject of this Registration, including where caused by the negligent act or omission of the University. The Undersigned is responsible for the Participant at all times the Participant is not actively engaged in the activities which is the subject of this Registration.*

*The Releasor agrees to provide an emergency contact name and phone number of the Participant and authorizes the University to seek medical assistance for the Participant if the Participant is unable or incompetent to make treatment decisions, and the emergency contact cannot be reached.*

*The Releasor hereby authorizes the University to take photograph/video of the Participant during program activities, and to display and otherwise use these images without charge solely for the purpose of promotional material in connection with the University. REFUSAL TO SIGN WILL RESULT IN ACCESS TO ACTIVITIES AND RECREATION FACILITIES BEING DENIED.*

Date:

Participant Name:

Signature:

Parent/guardian signature if participant is under 18 years of age

### **How did you hear about us?**

Brochure/Mailout  Poster/Ad  Friend/Referral  Street Team  Website

Returning Participant  Facebook  Demonstration  Other: \_\_\_\_\_

### **FIPPA STATEMENT OF PURPOSE**

*This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the registration and admission of the participant in the University of Manitoba programs. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, contact the Access & Privacy Coordinator's Office (tel. 204-474-9462 or 204-474-8757), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.*

### **Office Use Only**

Cash  Debit  Cheque  Visa  MasterCard

Date Processed:

Amount Paid:

Credit Used:

Participant notified by: Phone  In Person  Email

Staff Initials: \_\_\_\_\_



[www.bisonactiveliving.ca](http://www.bisonactiveliving.ca)