

Registration Form

Faculty of Kinesiology and
Recreation Management



UNIVERSITY
OF MANITOBA

Recreation Services

145 Frank Kennedy Centre,
University of Manitoba Winnipeg, 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: _____ Birthdate (mm/dd/yyyy): _____

Gender: Male Female Alumni Community Staff Staff Family Student

Daytime Contact Number: _____

Address: _____ *Email: _____

City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____

Emergency Contact Person: _____ Receipt to: _____

Emergency Contact Phone Number: _____ Home: _____ Cell: _____

* I agree to allow Active Living & Recreation Services at the University of Manitoba to contact me by email with information and updates regarding programs, memberships, services and facility information. I may withdraw my consent at any time by contacting Recreation Services Customer Service Desk at 204.474.6100, 145 Frank Kennedy Centre, University of Manitoba, Winnipeg MB. R3T 2N2.

Program Information

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

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

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

How did you hear about us? Brochure Email Facebook/Twitter/You Tube Mailout Word of Mouth
Poster Previous Participant Radio Website Other: _____

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 (required for Adult Participants only)

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

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 _____

FIPPA STATEMENT OF PURPOSE

This personal information is being collected under the authority of The University of Manitoba Act. It will be used to enter you in a draw to win various prizes and send you information about program and activities offered by the University. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 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: _____ Barcode: _____

Participant notified by: Phone In Person Email

Staff Initials: _____