

Family Registration Form

Adult Contact Information

Adult #1 (Primary Contact) _____
(First/Last Name)

Relationship to child: (circle one):

Parent / Guardian / Support Worker / Case Worker

Primary contact mailing address _____

City _____ Postal code _____

Phone (home) _____ (daytime) _____ (cell) _____

E-mail address _____

Adult #2 (First/Last Name) _____

Relationship to child: (circle one):

Parent / Guardian / Support Worker / Case Worker / Authorized Pick Up

Phone (home) _____ (daytime) _____ (cell) _____

Adult #3 (First/Last Name) _____

Relationship to child: (circle one):

Parent / Guardian / Support Worker / Case Worker / Authorized Pick Up

Phone (home) _____ (daytime) _____ (cell) _____

Adult #4 (First/Last Name) _____

Relationship to child: (circle one):

Parent / Guardian / Support Worker / Case Worker / Authorized Pick Up

Phone (home) _____ (daytime) _____ (cell) _____

Payment information

We accept Interac, Visa and MasterCard, cash and cheque. Please make cheques payable to "The University of Manitoba." We do not accept post-dated cheques, and cheques cannot be accepted within two weeks of the start date of a program. A \$30 fee will be charged for all returned cheques. Prices may be subject to change.

Refunds and Transfers:

Complete details on refund and transfers are found online. Fees do apply

Payment details

Cheque Visa

MasterCard

For fax and mail registrations only:

Active Living Centre, Customer Service Desk
154 Active Living Centre, University of Manitoba
Winnipeg, Manitoba R3T 2N2
Phone: 204-474-6100 | Fax: 204-474-7503

Please enter credit card payment information below:

Card Holder's name _____

Card number _____

Expiry date _____

Authorized credit card signature:

Office use only

Cash Debit Cheque Visa MasterCard

Date received _____

Amount paid _____

Processed by _____

Participant notified by _____

Phone In person Fax Mail

Staff initials _____

Waiver, Release, Indemnity, Acknowledgement of Risk, and Conditions of Enrollment

1. ATTENTION: BY COMPLETING THIS PROCESS FOR REGISTRATION YOU ARE AGREEING TO THE FOLLOWING RELEASE AND INDEMNITY. THIS MEANS YOU WILL GIVE UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE, BY PROCEEDING AND COMPLETING THE REGISTRATION PROCESS. PLEASE READ CAREFULLY.

I understand that participation in programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, even under the safest conditions, may be hazardous and that my participation (or that of my child(ren)) may expose Me (or my child(ren)) to elements of risk that may include loss of or damage to personal property or bodily injury such as, the possibility of internal injuries, fractures, concussions, sickness and even death. I expressly agree to accept and assume all of the associated risks.

IN CONSIDERATION of the University of Manitoba (the "University") allowing Me or my child(ren) to participate in programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, I on my own behalf and on behalf of my heirs, my spouse, my child(ren) executors, administrators and assigns RELEASE the University, its respective servants, agents or employees (collectively referred to as the "University") from any liabilities, claims or actions of any nature whatsoever arising from or related to any and all injury (including death) to me or my child(ren) and/ or loss or damage to personal property arising from, or in any way resulting from participation in programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities unless such injury and/or damage is caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the scope of their duties.

I FURTHER AGREE TO INDEMNIFY the University from any and all claims, demands, or causes of which are in any way connected with my and/or my child(ren)'s participation in programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, unless such claims are based upon damages caused or alleged to be caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the Scope of their duties.

I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

While Mini U makes every attempt to be fully inclusive, we may have some limitations in providing an optimal experience for all children.

Once we receive your child's application form we may need to discuss in more detail if and how we can best care for your child. Please note that the health and medical information may be shared between administrators of Mini U Programs and the U of M athletic therapy staff.

PARENT'S OR LEGAL GUARDIANS' ADDITIONAL AGREEMENT AND INDEMNIFICATION

I further certify that I am the parent or legal guardian of the child(ren) being registered.

In consideration of my child(ren) being permitted to participate in programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, I, the parent or legal guardian of my child(ren) agree on behalf of the child(ren) to the above assumptions of risk, release of liability and waiver of claims and to release, indemnify and hold harmless the University from any and all Claims which are brought by, or on behalf of my child(ren), and which are in any way connected with such participation or use by my child(ren) except where such claims and demands are caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the Scope of their duties.

2. I hereby authorize the university to seek emergency medical assistance for my child named in this application ("my child") if the adult contact information provided cannot be reached.

3. I have read and understand the refund policy statements listed at :
umanitoba.ca/sportandrec

Signature _____
(PARENT OR GUARDIAN)

Date _____

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the registration & admission of the applicant 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. 204-474-7559), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.

Registration Questions? Call 204-474-6100.

Child

Child's First/Last Name _____

Birthdate _____

***Group-with option:** Come with a friend! We do our best to accommodate requests for children to be grouped with one other child attending the same program. (This option is not applicable for swimming programs.)

Programs

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

Lunch Bunch Cost _____

Mini U Busing Cost _____ Location _____

Swimming Lessons Cost _____

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

Lunch Bunch Cost _____

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Swimming Lessons Cost _____

Grand Total _____

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