Swan Valley District Recreation Commission
Children/Youth Registration Form

Swan Valley District
Recreation Commission
Box 1356
Swan River, MB
R0L 1Z0
www.swanvalleyrec.ca

Phone: 204-734-3847
Fax: 204-734-5166
E-mail: svrec@townsr.ca

How to register

Register by completing form and return to the Recreation Office with full payment.

Please make cheques payable to the Swan Valley District Recreation Commission.

Registrations can be dropped off at the office in the basement at 135 5th Ave. Or mailed to the address above.

Full payment is required to confirm your registration.

Swan Valley District Recreation reserves the right to cancel programs. This will be done when circumstances deem it necessary. Every effort will be made to notify participants if this should happen. Full refund will be issued.

50% of the registration fee will be refunded if the person does not attend the program and have notified the Recreation Office at least two days prior to the program start date. No refunds will be given if the person has attended some sessions/or does not attend and has not notified to Recreation Office.

Program Registering For: _____

Name: _____ DOB: _____

Parent/Guardian Name (s): _____

Address: _____

Town: _____ Postal Code: _____

Home Phone #: _____ Work Phone #: _____

Cell #: _____ Email: _____

Emergency Contact: _____

Phone # (s): _____

I/we grant permission to the Swan Valley District Recreation Commission to use the image of my child for promotional use. This may include the display, publication, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Web site. I do understand that my child's last name will not be used.

O YES O NO Initial: _____

I/we hereby acknowledge and accept the inherent risk in participating in sport/recreational activities. I/we assume responsibility for our son/daughter for their personal health, medical, dental and accident coverage.

I/we have read and understood the above and grant permission for my/our child to participate.

_____

Print Name Signature Date

For Office Use Only

Cheque # _____ Cash: _____ Receipt #: _____