



# Swan Valley District Recreation Commission Adult Registration Form

Swan Valley District  
Recreation Commission  
Box 1356  
439 Main St  
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 439 Main St, Swan River. 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

Program Registering For: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

Please sign me up for Recreation E-News  YES  NO

Emergency Contact: \_\_\_\_\_  
Phone # (s): \_\_\_\_\_

I grant permission to the Swan Valley District Recreation Commission to use my image for promotional use. This may include the display, publication, or otherwise use of photographs, images, and/or video taken of me 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 website, Twitter & Facebook.

YES  NO Initial: \_\_\_\_\_

### For Sports Activities:

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

I have read and understood the above and agree to participate.

Print Name

Signature

Date

### For Office Use Only

Cheque # \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt #: \_\_\_\_\_