

Town of Swan River Recreation Department

Program Registering For: _____

Participant Name: _____ DOB: _____

Parent/Guardian Name(s): _____

Address: _____

Town/Municipality: _____ Postal Code: _____

Main Phone #: _____ Second Phone #: _____

Email: _____

Medical Conditions/Allergies: _____

Emergency Contact: _____ Phone #(s): _____

I/we grant permission to the Town of Swan River Recreation Department to use the image of my child for professional use. This may include the display, publication, or otherwise use of photographs, images, and/or videos 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 website, Facebook & Twitter.

Yes: _____ No: _____ Initial: _____

For Sports/Recreational Activities:

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

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

Print Name: _____ Signature: _____ Date: _____

6-Digit Manitoba Health #: _____ 9-Digit Manitoba Health #: _____

SPECIAL EVENT WEEK (Please Circle Weeks Attending)

Event 1

Event 2

Event 3

Event 4

Event 5