



.....S # Form- Kids/Youth

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First Name: _____ Last Name: _____

Parent/Guardian Name (please print) _____

Address: _____ City: _____

Province: _____ Postal Code _____ Birth Date (DD/MM/YY) ____ / ____ / ____

Phone #1: _____ Cell Home Work

Phone #2 (optional) _____ Cell Home Work

Email: _____

Emergency Contact Name: _____

Emergency Phone #: _____

Health Notes: _____

How did you hear about this program? _____

Total Registration Fee: _____

Photo Release

Photo Release: I give the City of Morden permission to photograph/video my child; and to use these photographs/video for display and any future promotional materials online and in print without compensation.

- I have read and agree to the above photo release statement
- I do not consent to the above photo release statement

Waiver:

I understand that while the program staff is qualified to instruct and safeguard my child, I will assume full responsibility if any accident should occur. I consent to having my child be taken care of by the Medical Staff contacted in such an event.

- I have read and agree to the above waiver statement

Parent/Guardian Signature

Date

Payment: Cash Cheque Debit Visa Mastercard MaxGalaxy Entry Date & Receipt #: _____

****It's not recommended to send credit card information by email. Best to go in person to the Access Event Centre or call 204-822-5431 ext.210**

Credit Card Information- (card information goes through shredder after transaction is processed)

Credit Card Number: _____ Expiry: _____