



2009/10 Windsor Community Centre Program Registration Form

99 Springside Drive, Winnipeg, Manitoba R2M 5A7 Phone: 233-0648 wclub1@mts.net

Program: _____

Booster Card #:

Participant Information:

Surname:

Given Name:

Male / Female

Birthdate:(if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Month

Day

Year

Participant's Medical #

(9-digit)

Family #

(6-digit)

Address:

Postal Code:

Home Phone Number:

Email:

If Yes, Please Specify

Does the participant have allergies? Yes / No

Parent / Guardian: (if applicable)

Phone #:

Emergency Contact:

Phone #:

PLEASE CIRCLE THE FOLLOWING:

*** I WOULD LIKE TO **COACH** / **INSTRUCT** / **ASSIST** / THE COMMUNITY CENTRE PROGRAM

Name:

Phone #:

BY REGISTERING MYSELF OR MY CHILD, I CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF HIS/HER, OR MY PERSONAL INFORMATION FOR THE DURATION OF THE PROGRAM AND FOR THE EXCLUSIVE USE OF THE WINDSOR COMMUNITY CENTRE PROGRAM.

Dated:

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Month

Day

Year

Signature

Witness

Please Print Name

Office Use

Program Fee \$ _____

Cash / Cheque # _____

Program Fee \$ _____

Program Fee \$ _____

Booster Fee \$ _____

Total \$ _____