



CORYDON COMMUNITY CENTRE



WINTER BREAK CAMP REGISTRATION FORM 2018-2019

Registrant's Name: _____

Address: _____

Postal Code: _____ Birth Date (dd/mmm/yy) _____

Home Phone: _____ Gender: Male Female

Parent/Guardian's Name: _____ Alternate Ph No: _____

Parent/Guardian's Name: _____ Alternate Ph No: _____

Email: _____

Child's Medical No. (9 digits): _____ Family Medical No. (6 digits) _____

Emergency Contacts and Pick-up Authorization

The following people should be contacted in case of emergency only if parent(s) or guardian(s) cannot be reached AND are authorized to pick up the child:

Name: _____

Relationship to child: _____

Phone: (Day) _____

(Evening) _____

Name: _____

Relationship to child: _____

Phone: (Day) _____

(Evening) _____

Name: _____

Relationship to child: _____

Phone: (Day) _____

(Evening) _____

Medical Information

Does your child have any allergies, medical restrictions, or difficulties of any kind (i.e. hearing, speech, vision, behavior) that we should be aware of – please be specific:

SIR JOHN FRANKLIN
1 Sir John Franklin Road
(204) 489-9537

CRESCENTWOOD
1170 Corydon Avenue
(204) 452-9844

RIVER HEIGHTS
1370 Grosvenor Avenue
(204) 488-7000



CORYDON COMMUNITY CENTRE



Consent to collect, use, and disclose personal information

I understand that, by completing this form Corydon Community Centre is collecting certain personal information about my child, me, and other member of my family (including, if necessary, my Manitoba Health Services Registration Number). I also understand that this personal information will be used only for the purpose of registering in the Community Centre's Sport/Recreation/Youth Programs, and that such use will necessarily involve the disclosure of this personal information to the appropriate area sport association(s) and/or the appropriate sport umbrella group(s), Coach(es), Manager(s), Staff, and the use of such disclosed personal information by such association(s), group(s), Coach(es), Manager(s), and Staff as may reasonably be required in order to conduct the Community Centre Sport/Recreational/Youth Programs.

I hereby consent to such collection, use, and disclosure of this personal information.

Signature of Parent and/or Guardian of Registrant

Date

Printed Name: _____

Parent/Guardian Authorization:

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our consent for him/her to participate in the program selected above. I/We understand that Corydon Community Centre, or its instructors will not be held responsible for any accident, injury, or loss, however caused and to agree to release the aforesaid from all claims or damages which may arise as a result of, or by reason of, such accident, injury, loss, or medical expense.

1. In the event that my child needs immediate medical attention for injuries received while participating in a Corydon CC program, I authorize the staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services, and to release medical information to medical providers as needed.
2. My child has my permission to attend and participate in all Corydon CC Summer Program Field Trips whether they are walking or being transported by bus.
3. I hereby acknowledge that Corydon CC will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on the file at the Corydon CC office that indicates otherwise.
4. I hereby release all pictures of my child taken by Corydon CC for promotional purposes and programming materials.
5. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings everyday of the program. If Corydon CC staff are required to administer and use the epi-pen, I agree to forever release and discharge Corydon CC and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen.
6. I understand that my child must be potty trained.
7. I give my permission for Corydon CC staff to administer sunscreen as needed.
8. I understand that Camp registrations are non-refundable and non-transferable.

Signature of Parent and/or Guardian of Registrant

Date

Printed Name: _____

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WINTER BREAK CAMP REGISTRATION FORM 2018-2019

WINTER BREAK CAMP (6-12 yrs old)

- January 2, 2019
- January 3, 2019
- January 4, 2019

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CORYDON COMMUNITY CENTRE



Preauthorized Credit Card Payment Authorization Form

I authorize Central Corydon Community Centre (o/a Corydon CC) to charge my credit card identified below, on or around the 1st business day of each month identified in the schedule below, for the amounts and registration/billing detailed below. The entry on my credit card statement will constitute a receipt. The monthly credit card option may be discontinued by Corydon CC or me upon written notice.

Card holder Signature

Dated

Card holder printed name

Phone or Email Contact information

Visa : _____ / _____ exp _____ cvc #

MasterCard : _____ / _____ exp _____ cvc #

Program: _____

Monthly amount varies, based on program usage

Registrant Name: _____

Month	Amount**

Month	Amount**

**Some programs, such as Kids Klub, are based on program usage. In this case, check the box above indicating monthly charges vary according to program usage and do not fill in an amount.

***Payments will come out the first business week of the month

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