

SIFTON REGISTRATION REGISTRATION FORM - CHILD

HOW TO REGISTER Register by completing the bottom portion of this form and returning it to the RM of Sifton office with your full payment. Please make cheques payable to **RM of Sifton**.

Registrations can be dropped off at the Municipal Office at 293 2nd Avenue West or mail payment along with registration form to : RM of Sifton c/o Sifton Recreation Box 100, Oak Lake, MB, R0M 1P0. Registrations are accepted on a first come first serve basis. Full payment is required to confirm your registration. There will be a \$10.00 late fee for registrations received after the stated deadline.

Contact the recreation director at 204-570-0236 or email rec.edo.sifton@gmail.com

Web: www.rmofsifton.com

Registration for all programs is due one week prior to start date. We accept payment by cash or cheque. All refunds, including medical, are subject to at \$10.00 administration fee.

A full refund may be applied for one of the following reasons:

- Sifton Recreation cancels a program/course
- A participant withdraws in writing to the director ten days prior to the first day of the program/course
- Once a program/ course has started refunds will NOT be granted unless a medical note can be provided
- Medical refunds may be pro-rated from the date of request as per director's discretion

SIFTON PROGRAM: _____

CHILD'S NAME: _____

AGE: _____ GRADE _____ D.O.B: _____ DD / MM / YY

PARENT(S) GUARDIAN(S) (please Print): _____

Child: M _____ F _____ PHONE #: (H) _____

(W) _____ (Cell) _____

Email: _____

Would you like to receive Sifton Recreation free ENews ? _____

Mailing Address Box # _____ Town _____

Postal Code: _____

EMERGENCY CONTACT: _____

PHONE #: _____

I certify that my child is in good health and able to participate in vigorous activities involved with Sifton Recreation programs, and I authorize the directors/instructors to seek emergency medical treatment if it is deemed necessary. This also assures that I release the instructors, Sifton Recreation and the program facility from any and all liability from any injury or illness incurred going to the program from home, while at the program or returning home from the program. I agree to save harmless the instructors, Sifton Recreation and the program facility and it's operators of all liabilities for losses and damages of all and every description.

PARENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE CHEQUE #: _____ CASH: _____ RECEIPT #: _____

