



VALOUR COMMUNITY CENTRE

SPORTS & PROGRAM REGISTRATION FORM (YOUTH)

Last Name _____ First Name _____

Address _____ Phone # _____ Current Age _____

Postal Code _____ Gender Male Female Birth Date _____

Parent _____ Occupation _____ Work # _____

Address (if different) _____ Home # _____

E-mail _____ Cell # _____

Parent _____ Occupation _____ Work # _____

Address (if different) _____ Home # _____

E-mail _____ Cell # _____

Emergency contacts _____ Relationship _____ Phone # _____

_____ Relationship _____ Phone # _____

MEDICAL INFORMATION

Family Doctor _____ Phone # _____

Manitoba Health # _____ Child's 9 Digit Health # _____

Family Dentist _____ Phone # _____

Please indicate any medical conditions, limitations, allergies, required medications, etc.

CONSENT

I, the undersigned, being the parent/guardian of _____ do hereby give permission for her/him to travel and participate in activities associated with Valour Community Centre. I also acknowledge all risks and hazards incidental to such participation including transportation to and from activities. I give permission to any Doctor or Dentist to render emergency treatment as such Doctor or Dentist deems necessary subject to the following restrictions: _____

Please check which program you are registering for:

- Tae Kwon Do (6 to 17) - \$50 per month
- Boxing (8 to 17) - \$25 per month
- Mini T-Ball (4 to 7) - \$40
- Historical European Martial Arts

Are you able to volunteer in some way? Yes No If yes, please specify: _____

Can we e-mail you newsletters, flyers, announcements, etc? Yes No

Fees paid: _____ Method of payment: _____ Balance owing: _____

Parent or Guardian Signature : _____ Date _____