

MANITOBA CANOE & KAYAK CENTRE: PROGRAM REGISTRATION FORM - 2009

Please complete and MAIL to Manitoba Paddling Association, 200 Main St, Winnipeg, MB, R3C 4M2; FAX: 925-5703

For Payments, Make Cheques Payable to Manitoba Canoe & Kayak Centre and Mail with Registration Form

Or Call the Manitoba Paddling Association at 925-5678 to arrange payment by Visa or Mastercard

NAME: _____ Date of Birth: _____ How did you find out about us? _____
 PARENTS' NAMES (if under 18) _____ ALLERGIES/MEDICAL CONDITIONS _____
 ADDRESS: _____ POSTAL CODE: _____ E-MAIL ADDRESS _____
 PHONE: _____ EMERGENCY CONTACTS & PHONE(S): _____
 NAMES OF OTHER FAMILY MEMBERS WHO ARE PARTICIPANTS: _____

PROGRAM	DATES OFFERED	MONTHS OFFERED	PRICE	DATE(S) REQUESTED	Payment Record (office use only)
*Intro to Kayaking	every Tues, 7-9pm	May- Sept.	\$20.00		
Kayaking Lessons	Wednesdays, 7-9pm	June, July, August	\$30/session \$100/4		
Wednesday Night Paddling Club	Every Wednesday 7-9pm	mid May-Sept (closed Holidays)	\$200/season		
<u>Adult Dragon Boat</u> Competitive Program	2 practices per week	May-Sept	\$200/person		
Elite Program	3-4 practices per week	Year-round	\$300/person		
<u>Family Night</u> 1 person	every Thurs, 6-8pm	June-Sept.	session \$5 season \$50		
Family of 2 or more			\$10 \$100		
<u>Student Night</u>	every Friday, 5-9pm	June-Sept.	session \$5 season \$50		
* Full Day Summer Camp (ages 10-16)	July 6-10, 13-17, or 20-24 Aug 10-14, 17-21 or 24-28	July & August	\$150/5 days 9:00am-4:00pm		
Early Drop-Off or Late Pick-Up	July 6-10, 13-17, or 20-24 Aug 10-14, 17-21 or 24-28	July & August	\$5/day for one; \$10/day for both		
*Half Day Summer Camp (ages 10-16)	TBA	July & August	\$80/5days 1:00-4:30pm		
Youth Half Day Summer Program	Mon-Fri 9-11:30am	July & August	\$75/week \$250/summer		
After-School Program	3 practices/week	Fall: Sept-Oct Winter: Jan-Feb Spring: May-June	\$50/5 classes or \$85/season		
Competitive Program <u>Or</u> Summer Season	5-12 practices per week	year-round <u>or</u> May-October	\$400.00 <u>or</u> \$300.00		
Adult Membership	Open Facility Use	Year round	\$200		
Family/Staff Discount	Inquire for More Info	N/A	Varies per program		
Canoe Storage	Yearly Only	N/A	\$250/yr		
Kayak Storage	Monthly or yearly	N/A	\$200/yr		
Other					

WAIVER & RELEASE

IN CONSIDERATION OF my acceptance into *Manitoba Canoe and Kayak Center Program(s)*, I hereby waive and release the **Manitoba Paddling Association**, its directors, officers, employees, agents, representatives, successors and assigns from and against all claims, actions, demands, costs and expenses with respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in this program and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Corporation, its directors, officers, employees, agents, representatives, successors, and assigns. This Waiver and Release shall be binding upon me, my heirs, executors and administrators.

I hereby grant permission to any of the above described persons to use any pictures of me or my likeness while participating in any of these programs without obligation or liability to me.

By signing this form I am issuing my consent for the following information to be forwarded to The Manitoba Paddling Association for administrative purposes.

This information may be used to contact you with information regarding programs and services offered by The Manitoba Paddling Association, Manitoba Canoe and Kayak Centre and our sponsors. This information will NOT be distributed to any outside organizations.

I do not want to receive information regarding future programs and services offered by the Manitoba Paddling Association, Manitoba Canoe and Kayak Centre and our sponsors.

Complete I if participant is 18 years or older. Parents or legal guardians to complete II if participant is younger than 18.

I. I am 18 years of age or older and have read and understood this document prior to signing it.

Dated this _____ day of _____, 20__

Participant's signature Please print name Witness' signature Please print name

II. Being parent or legal guardian of _____, I hereby agree that the foregoing Waiver and Release shall be binding upon my child.

Dated this _____ day of _____, 20__

Parent's signature Please print name Witness' signature Please print name