



**CITY OF SELKIRK
COMMUNITY SERVICES**

PROGRAM REGISTRATION FORM

**ADULT CO-ED BASKETBALL
WINTER 2010**

PROGRAM INFORMATION

Day: Thursdays **Time:** 8:00 to 9:00 pm **Cost:** \$40.00/person

Dates: January 14 to April 29, 2010 (no game on April 1)
Location: Robert Smith School, Gymnasium, 300 Sophia Street, Selkirk, Manitoba

PARTICIPANT INFORMATION

Name: _____ Age: _____ Gender: (m) _____ (f) _____

Mailing Address: Street/ _____ City/ _____ Postal/ _____

Phone: (h) _____ (c) _____ e-mail: _____

Emergency Contact Name: _____ Phone: _____

Known Medical Conditions: _____

PAYMENT INFORMATION

Total Amount Enclosed: \$ _____ Method of Payment: Cash _____ Cheque _____

Signature _____ Date _____

REGISTRATION INFORMATION

Registrations will be accepted either in person or by mail.

In Person: Visit the City of Selkirk, Community Services Department at 310 Christie Avenue, Selkirk, MB R1A 2L6
Office open Monday to Friday between 8:30 am and 4:30 pm. **Payment by cash or cheque only.**

By Mail: Download a registration form at our website, www.cityofselkirk.com. Mail the completed form to the
above address along with a cheque for payment.

FOR MORE INFORMATION PLEASE CALL 785-4952.

Office Use Only: Paid

Cash or Cheque No.

Receipt No.



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PROGRAM CONSENT AGREEMENT

I agree that medical treatment may be give to myself/my child in the case of an accident or emergency.

I the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or in-actions of others or a combination of both.

I understand that the Rules and Regulations are designed for the safety and protection of participants and hereby undertake to abide by these Rules and Regulations.

I understand that certain activities require a minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity of participating in these activities.

I agree that the City of Selkirk or its employees, servants or agents shall not be liable for any injury to any person or loss or damage to personal property arising from, or in any way resulting from, my or my child's participation in these activities, unless such injury, loss or damage is caused solely by the negligence of the City or its employees, servants or agents while acting within the scope of their duties.

I declare that I have read and understood the above Informed Consent Agreement in its entirety and hereby consent to participate acknowledging all of the foregoing.

Signature (adult participant or parent/legal guardian of minor participant)

Printed Name

Date