

Riverdale Recreation Commission: Off Season Training

Participant Information

Registrants Name: _____ DOB _____

Email: _____

Emergency Contact Name & Number: _____

Guardian Information (If participant is under 18 years of age)

Parent/Guardian Name: _____ Number _____

Parent/Guardian Email: _____

Emergency Contact Name & Number: _____

Program Information

Date/Time: Tuesday's & Thursdays from July 7th until August 20th (no training July 14th)

Location: Riverdale Community Centre

Cost: \$90

Ages: 12+

About: This program is designed for young athletes and will focus on strength and conditioning in the off-season months.

Instructor: Cody Wieler

Payment Information

Payment must be made prior to program start! RRC will accept cash, cheque (payable to "Riverdale Recreation Commission") or E-Transfer (email address to use: recreation@riverdalemb.ca password to use: "recreation")

Medical Release

I hereby state that the above applicant has no physical or mental conditions that prohibit participation in the program. I also understand that it is my responsibility to inform the Riverdale Recreation Commission (RRC) in writing of any physical or mental conditions that the staff should be aware of in dealing with enrollee during activities and/or in case of emergency. Staff accepts no liability for failure to inform them of any conditions or limitations. I am fully aware of and understand the risk, including the risk of catastrophic injury, paralysis, and even death, as well as other losses associated with participation in the program. I understand that the above conditions and risk and enroll the above-named person at his/her/my own risk. I hereby indemnify and hold RRC staff and instructors, harmless from and against any and all risk and liability assumed by or on behalf of the student, excepting them from acts of gross negligence by RRC's Staff.

Parent/Guardian Name & Signature: _____

Date: _____

Manager Signature: _____

OFFICE USE ONLY: Payment has been made in the form of a:

Chq: _____, Cash: _____, EFT: _____ Receipt Issued: Y or N