TOWN OF VIRDEN

INCORPORATED 1904

PRE-SCHOOL SKATING

REGISTRATION FORM

NAME: _____ BIRTH DATE: ____ ____ ____
DD MM YY

NAME OF PARENT(S)/GUARDIAN(S): _____

BOX #: _____ TOWN/RM.: _____POSTAL CODE: _____

PHONE: _____ MEDICAL # _____

Please describe any medical conditions: _____

_____

In case of emergency, please contact:
Name: _____ Phone: _____

PARENT/GUARDIAN CONSENT & WAIVER

I certify that my child is in good health and able to participate in vigorous activities associated with the Pre-School Skating Program. This also assures that I release the Town of Virden from any and all liability from any injury or illness incurred going to the program from home or while at the program or returning home from the program. I agree to hold harmless the Town of Virden of all liabilities for losses and damages of all and every description.

_____ _____

Parent/Guardian Signature Date

BOX 310 VIRDEN MB R0M 2C0 PHONE: 748-2440 FAX: 748-2501