



Regina Sport Inc. Learn to Curl Registration Form

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_(D/M/Y) Gender: M F

Hospitalization Number: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name(s) of Parents/Guardians: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Is your child: \_\_\_ Metis \_\_\_ First Nation
SHRC Exemption File #E03-011

Please identify and known medical conditions/problems that the supervisor should be aware of: \_\_\_\_\_

I agree to grant permission for my child to participate in the Learn to Curl program offered by the ReginaSport Inc.
I agree to grant permission for any medical services to be rendered in the event such services are needed. I also agree that ReginaSport Inc., SaskSport Inc. and/or any other proprietors and/or partnering agencies involved in the Learn to Curl program will not be held responsible for any accidents or loss, however caused, and agree to release them from all claims or damages which may result from, or by any reason of, such accidents or loss. I hereby acknowledge that certain RISKS OF INJURY are inherent to participation in the Learn to Curl program. I hereby WARRANT that my child is physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS that may be associated with my child's participation.
By initialing here \_\_\_\_\_ I request that an individual consent and waiver permission slip be sent home for each special event or outing offered through the Learn to Curl program.
Date: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_ (Must be over 18 years)