

Dakota Community Centre  
**Optimal Training Academy Fall/Winter Registration Form – 2009/2010**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Alt.) \_\_\_\_\_ Emergency: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_ Sport: \_\_\_\_\_ DOB: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

VISA/M.C. #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Health #: \_\_\_\_\_ / \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Health Remarks/Conditions: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parental Consent and Waiver of Responsibility:** The applicant agrees that the Dakota Community Centre and its staff will not be held responsible for any accidents or loss of personal property, and agrees to release the Dakota Community Centre from all claims or damages which may arise as a result of such accident or loss of personal property.

**Consent to Collection, Use and Disclosure of Personal Information:** I understand that, by completing this form, the Dakota Community Centre is collecting certain personal information about my child, me and other members of my family (including if necessary, my Manitoba Health Services Registration Number). I also understand that this personal information will be used only for the purpose of registering in the Dakota Community Centre's Sports, Recreational and Instructional Programs, and that such use may involve the disclosure of this personal information to the appropriate area sport association(s) and/or the appropriate sport umbrella group(s), coach(es) and manager(s), and the use of such disclosed personal information by such association(s), group(s), coach(es) and manager(s) as may reasonably be required in order to conduct the Dakota Community Centre's Sport, Recreational and Instructional Programs. I hereby consent to such collection, use and disclosure of this personal information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. \_\_\_\_\_ Optimal Fall and Winter Session - please check desired program,**

\_\_\_\_\_ \$175.00 monthly, Dryland Training: Oct \_\_\_ Nov \_\_\_ Dec \_\_\_ Jan \_\_\_  
Feb \_\_\_ Mar \_\_\_

**2. \_\_\_\_\_ Optimal Team Training Program - please check desired program**

\_\_\_\_\_ \$90.00 for 10 sessions in spring (April 1 – June 30)  
\_\_\_\_\_ \$90.00 for 10 sessions in summer (July 1 – September 30)  
\_\_\_\_\_ \$90.00 for 10 sessions in fall (October 1 – December 15)  
\_\_\_\_\_ \$90.00 for 10 sessions in winter (January 15 – March 30)

**3. \_\_\_\_\_ Optimal Adult Training Program**

\_\_\_\_\_ \$85.00 for 10 sessions (all year)

Contact Anthony Knapp, Program Manager at 254-1010 (201) or email at [dakotaccpm@shaw.ca](mailto:dakotaccpm@shaw.ca)