

Dakota Community Centre
Optimal Training Academy Fall/Winter Registration Form 2011/2012

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

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