

YONA REGISTRATION FORM

CHAI FOLK ARTS COUNCIL INC.
C147-123 Doncaster Street, Winnipeg, MB R3N 2B2
Ph: 204-477-7497 info@chai.mb.ca



Name of Student _____

Date of birth D_____ M_____ Y_____ Age (in Oct.2018) _____

Address _____

Postal code _____ School _____

Parent's E-mail (print clearly) _____

Home phone _____ Cellular phone _____

Name of parent (s) _____

Emergency name and phone number other than parent _____

Health concerns (special needs, allergies, etc.) _____

Manitoba Health Registration # _____ Individual PHIN # _____
(to be used in case of emergency)

- **All classes located in the Gray Academy Music Room, Asper Campus, 123 Doncaster**

WAIVER AND RELEASE

(Must be signed by parent or guardian.)

Participation in any activity involves a risk of accidental injury despite all safety precautions. I/We, as parent or guardian of the participant named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless the Chai Folk Arts Council of Winnipeg, its officers, directors, volunteers and employees for any illness or injury to my child occurring during participation in any Chai programs. I permit free use of my child's picture in any form of communication to which such use may be applied.

I hereby give permission for Chai to release my address and phone # on a class list if requested for carpool information.

Date

Signature of Parent or Guardian

Program Fee: \$300 per student plus \$220 for each additional sibling

Payment by: Cheque Credit Card Cash **Date Received** _____

Post-dated cheques are accepted but no more than 5 for the year & not past March 1

Visa Mastercard Amex **Card #** _____ **Expiry Date:** _____

Security Code: _____ **Total Amount: \$** _____ **Signature:** _____