



179 Seekings St. Headingley, MB
R4J 1B1
Phone: 885.2444 Fax: 889.2211
Email: info@mhrd.ca
www.mhrd.ca

PARENTAL CONSENT FORM AND RELEASE OF LIABILITY

Child's Name: _____
Address: _____ **Town/City:** _____ **Postal Code:** _____
Gender: ___ Male ___ Female **Age:** _____ **Birth date:** _____
Parent E-mail address: _____

Parent and Alternate Contact Information

Parents' Names: _____
Mother: Home Phone: _____ Work: _____ Cell: _____
Father: Home Phone: _____ Work: _____ Cell: _____
In case the parent/guardian is not available in the event of an emergency, please provide the name and phone number of another emergency contact:
Name: _____
Phone Number: _____ **Relationship:** _____

Waiver and Consent in Case of Emergency

I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by: Macdonald-Headingley Recreation District staff/volunteers, Emergency Services, my physician or any other physician selected by Emergency Services.

Parent/Guardian Signature Date

I, the parent/guardian of the above named child, in consideration of allowing my child to participate in the "Skating Skills for Kids" program, hereby release all persons involved in the Macdonald-Headingley Recreation District, including directors, employees, and volunteers from any and all liability arising out of my child's participation, to the extent that such liability is not otherwise covered by any liability insurance.

Parent /Guardian Signature Date

Anyone under the age of 18 years must have Registration & Waiver form signed by parent or legal guardian.