

# Adult Programs

The Wildewood Club

761 North Dr., Winnipeg, Manitoba, R3T 0A3 - Ph: (204) 474-1389 - Fax (204) 453-7787

PLEASE PRINT

Name: \_\_\_\_\_ WWC Membership No.: \_\_\_\_\_

Date of birth: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_  
Street City Postal Code

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cellular phone: \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_

Name of person to whom receipt should be made out to: \_\_\_\_\_  
 (Note: Receipt will be sent to applicant unless otherwise indicated.)

Manitoba Health Registration No.: \_\_\_\_\_ PHIN No.: \_\_\_\_\_  
 (To be used for emergency needs)

REMARKS: Please indicate any health problems or other pertinent information, such as special needs, hyperactivity, allergies, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Course Name	Course Code	Session	Start Day / Date	Registration Fee
			Subtotal	
			GST	
			Total Fees	

- Payment must accompany registration form. Payment confirms registration unless otherwise notified.
- To receive the member rate for programs, your membership must be current for the entire term of the program.
- No refunds or credit notes are available for programs less than ten weeks. For programs ten weeks or greater, a prorated credit not will be issued subject to an administration charge of 20% of the program fee. No refunds or credit notes are available after the second class of a ten week program and after the tenth class of programs greater than ten weeks. Refunds will be issued if the program is cancelled by the Wildewood Club.
- The WWC reserves the right to cancel classes due to insufficient registration

CONTINUED ON REVERSE SIDE

- Cash
- Cheque
- Credit Card
- Member Charge

Visa     Mastercard   
              
 \_\_\_\_\_  
 Authorized Credit Card Signature    Expiry Date

## Physical Activity Readiness Questionnaire

To be filled out by registrants of The Wildewood Club attending physical activity programs.

Common sense is your best guide when you answer these questions.  
 Please read the questions carefully and answer each one honestly: check YES or NO

- Yes     No    Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?
- Yes     No    Do you feel pain in your chest when you do physical activity?
- Yes     No    In the past month, have you had chest pain when you were not doing physical activity?
- Yes     No    Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes     No    Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes     No    Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes     No    Do you know of any other reason why you should not do physical activity?

## Waiver & Release

For consideration of The Wildewood Club (WWC) accepting my Registration for Adult Programs, I hereby release and discharge WWC and any and all of their servants, agents, contractors, or employees, including but not limited to any and all of the instructors of any and all programs offered by WWC from and for any/all actions or chases or actions, claims damages, demands by me and/or by my heirs, executors, administrators or assigns, for upon, or by reason of any and damage, loss, or injury (including death) to my person or property which may be sustained as a consequence of my attending or participating in any and all of the programs, or any other activity connected to the WWC notwithstanding any such damage, loss or injury (including death) may have arisen of the negligent acts or omissions of the WWC, and any and all of their servants, agents, contractors, or employees including by not limiting to any and all instructors of the programs.

Without limiting the generality of the foregoing, I further release any recourses which I may not or hereafter have resulting in any decision of the WWC, and all of their servants, agents, contractors or employees, including but not limited to any and all of the instructors of the programs.

I further state that I am in proper physical condition to participate in the programs, or any other activity connected with WWC and am aware that participation could, in some circumstances, result in physical injury (including death).

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness

