

# YONA REGISTRATION FORM

CHAI FOLK ARTS COUNCIL INC.  
C147-123 Doncaster Street, Winnipeg, MB R3N 2B2  
Ph: 204-477-7497 Fax: 204-477-7516



Name of Student \_\_\_\_\_

Date of birth D\_\_\_\_\_ M\_\_\_\_\_ Y\_\_\_\_\_ Age (in Sept .2015) \_\_\_\_\_

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 at the Chai Studio - 531 Notre Dame Avenue**

## **WAIVER AND RELEASE**

*(If the applicant is under the age of 18, this indemnification 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: \$265 / student plus \$185 for each additional sibling**

**Payment by:**  Cheque  Credit Card  Cash **Date Received** \_\_\_\_\_

*\*Post-Dated Cheques are accepted but no more than 8 for the year please\**

Visa  Mastercard  Amex **Card #** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Total Amount: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_