



Fitness & Wellness Program Registration

PRE-REGISTRATION IS REQUIRED FOR ALL COURSES. FULL PAYMENT IS DUE AT THE TIME OF REGISTRATION.

Register by Mail:

Complete this form, enclose a cheque payable to the City of Prince Albert for the full registration fee(s) and mail to:

Fitness & Wellness Registrations

C/O Margo Fournier Centre
1211 - 1st Avenue West
Prince Albert, SK S6V 4Y8

OR

Register in Person:

Drop off this completed form along with full payment (cash or cheque only) during regular office hours at:

Margo Fournier Centre

1211 - 1st Avenue West (Behind Gateway Mall)

Office Hours: Weekdays 8:00 AM to 4:45 PM

For program information or registration assistance please phone the **Margo Fournier Centre at 953-4816**

*****Registrations will not be accepted over the phone*****

PARTICIPANT INFORMATION

Last Name			First Name		M / F
Address			City		Postal Code
Home Phone	Business Phone	Cell Phone	Email Address (granting permission to receive monthly program updates)		

COURSE INFORMATION – You can register for up to three courses on this form

Course Name				
Start Date	End Date	Start Time	End Time	Registration Fee

Course Name				
Start Date	End Date	Start Time	End Time	Registration Fee

Course Name				
Start Date	End Date	Start Time	End Time	Registration Fee

RELEASE AND WAIVER OF CLAIM

(Please Print) I, _____, participant or parent / legal guardian of _____,

hereby acknowledge and agree that in consideration of my participation or the participation of the youth for whom I act as guardian in the Fitness & Wellness Program offered by the City of Prince Albert that:

- i. I understand and acknowledge the risks inherent with the activities carried on under the program, and hereby accept and assume all such risks which I or the participating youth for whom I act as guardian may be exposed;
- ii. I am sufficiently informed to represent to the City that I or the participating youth for whom I act as guardian does not suffer any condition that may affect my or his / her ability to safely participate in the program. I also acknowledge that the City reserves the right to require a medical certificate in respect to my or his / her ability to participate;
- iii. I acknowledge that the Sponsor and the City of Prince Albert are not warranting my or his / her safety while participating;
- iv. I do hereby and forever release and hold harmless from liability the Sponsor and the City of Prince Albert and any employees, agents, or officers thereof from any property loss or personal injury claims that I or he / she may have as a result of being involved in the said program;
- v. I have carefully read and understand clearly that by signing this Release and Waiver of Claim, I will be forever prevented from suing or claiming against the Sponsor and City of Prince Albert or any employee, agent, or officer thereof for any property loss or personal injury that I or the youth may suffer while participating;
- vi. I also acknowledge that the Sponsor and the City of Prince Albert would not permit me or him / her to participate unless I signed this Release and Wavier of Claim and agreed to comply with the rules and regulations as set out by the Sponsor and City of Prince Albert.

Date: _____ 20____ Signature: _____ Witness: _____