



Community Roots
RESOURCE CENTRE

Community Roots Resource Centre Summer Drop-in Program Registration

Personal Information

First Name: _____

Last Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

Parent/Guardian Contact

First Name: _____

Last Name: _____

Phone Number: _____ Relationship: _____

Emergency Contact

First Name: _____

Last Name: _____

Phone Number: _____ Relationship: _____

Medical Information

9 digit MB Health Number: _____

Family Doctor: _____ Doctors Phone #: _____



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Does your child carry and EpiPen? (Check one) Yes No

Does your child have any allergies or dietary restrictions? Please list them below:

Our programming is designed appropriately for each age group, and all participants will be carefully supervised with safety as our number one priority. With that in mind, there are still potential risks that come with spending time outdoors and doing physical activity. Community Roots Resource Centre and staff will not be held liable for any injury sustained during drop-in activities.

As part of our regular programming, we will be walking around the neighborhood to places such as the splash pad at Jill Officer Park. By signing this document you are giving permission to allow your child to leave the site for closely supervised walks around the area (between Rothesay St, Gilmore Ave, and Gateway Rd). If farther field trips are planned, additional permission slips will be required.

By signing below, as the parent or legal guardian of the registered child, you acknowledge the possible risks or danger associated with participation in activities, and allow for your child to participate in the program activities.

I understand that Community Roots Resource Centre is not responsible for my child until and unless they arrive at the location to participate in the program.

Parent/Guardian Signature: _____

Date: _____

If you would like more information or to clarify anything please reach out at summer.crrc@gmail.com or reach Grace (Program Coordinator) at 431-999-1206.