

Register for Mini U today



Register your child for their favorite program early. There are a limited number of spaces available, so send in your registration before they fill up!

Registration start dates

Spring & Summer programs:

Spring Registration :

For Spring Registration date, visit miniu.ca

Online Pre-Sale for Returning Customers Only:

March 9, 2019 (8 AM)

General Registration for All Customers:

March 11, 2019 (8 AM)

How to register

Online: www.miniu.ca

In-Person:

Joe Doupe Recreation Centre (Bannatyne Campus).or
Active Living Centre (Fort Garry Campus)

Mail:

Active Living Centre
154 Active Living Centre - 430 University Crescent
Winnipeg, MB R3T 2N2

Fax: 204-474-7503

Sorry, but we do not accept registrations over the phone.

For more information, please visit miniu.ca

Important information

- **NEW!** Registration for all programs and services closes 5 days before the program start date.
- Children registering for Mini U Programs must be of minimum age for programs by December 31, 2019.
- Both sides of the registration form must be fully completed for each child.
- Adults listed will be authorized to pick up the children listed on the form and may be contacted in the event of an emergency.
- We do not hold spots.
- Payment is required at the time of registration.
- Registration forms received by fax or mail will be processed in the order in which they are received.

Payment information

We accept Interac, Visa and MasterCard, cash and cheque. Please make cheques payable to "The University of Manitoba." We do not accept post-dated cheques, and cheques cannot be accepted within two weeks of the start date of a program. A \$30 fee will be charged for all returned cheques. Prices may be subject to change.

Refunds and Transfers:

Complete details on refund and transfers are found online. Fees do apply

Payment details

Cheque Visa MasterCard

For fax and mail registrations only:

Mini U Programs, Customer Service Desk
154 Active Living Centre, University of Manitoba
Winnipeg, Manitoba R3T 2N2
Phone: 204-474-6100 | Fax: 204-474-7503

Please enter credit card payment information below:

Card Holder's name _____

Card number _____

Expiry date _____

Authorized credit card signature:

Office use only

Cash Debit Cheque Visa MasterCard

Date received _____

Amount paid _____

Processed by _____

Participant notified by _____

Phone In person Fax Mail

Staff initials _____

Family Registration Form

Adult Authorized Contact Information

Adult #1 (Primary Contact) _____
(First/Last Name)

Relationship to child: (circle one):

Parent / Guardian / Support Worker / Case Worker / Authorized Pick Up

Primary contact mailing address _____

City _____ Postal code _____

Phone (home) _____ (daytime) _____ (cell) _____

E-mail address _____

I agree to allow the Faculty of Kinesiology and Recreation Management at the University of Manitoba to contact me by email with information and updates regarding programs, memberships, services and facility information. I may withdraw my consent at any time by contacting our customer service team at 204-474-6100, 154 Active Living Centre, University of Manitoba.

Adult #2 (First/Last Name) _____

Relationship to child: (circle one):

Parent / Guardian / Support Worker / Case Worker / Authorized Pick Up

Phone (home) _____ (daytime) _____ (cell) _____

Adult #3 (First/Last Name) _____

Relationship to child: (circle one):

Parent / Guardian / Support Worker / Case Worker / Authorized Pick Up

Phone (home) _____ (daytime) _____ (cell) _____

Adult #4 (First/Last Name) _____

Relationship to child: (circle one):

Parent / Guardian / Support Worker / Case Worker / Authorized Pick Up

Phone (home) _____ (daytime) _____ (cell) _____

Child #1

Child's First/Last Name _____

Birthdate _____

***Group-with option:** Come with a friend! We do our best to accommodate requests for children to be grouped with one other child attending the same program. (This option is not applicable for swimming programs.)

Programs

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

Lunch Bunch Cost _____

Mini U Busing Cost _____ Location _____

Swimming Lessons Cost _____

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

Lunch Bunch Cost _____

Mini U Busing Cost _____ Location _____

Swimming Lessons Cost _____

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

Lunch Bunch Cost _____

Mini U Busing Cost _____ Location _____

Swimming Lessons Cost _____

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

Lunch Bunch Cost _____

Mini U Busing Cost _____ Location _____

Swimming Lessons Cost _____

Grand Total _____

Health Information

Does your child have specific health related needs (please check one) Yes No

If you answered yes, please provide details on the following Health Information page.

Child #2

Child's First/Last Name _____

Birthdate _____

***Group-with option:** Come with a friend! We do our best to accommodate requests for children to be grouped with one other child attending the same program. (This option is not applicable for swimming programs.)

Programs

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

- Lunch Bunch Cost _____
- Mini U Busing Cost _____ Location _____
- Swimming Lessons Cost _____

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

- Lunch Bunch Cost _____
- Mini U Busing Cost _____ Location _____
- Swimming Lessons Cost _____

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

- Lunch Bunch Cost _____
- Mini U Busing Cost _____ Location _____
- Swimming Lessons Cost _____

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

- Lunch Bunch Cost _____
- Mini U Busing Cost _____ Location _____
- Swimming Lessons Cost _____

Grand Total _____

Health Information

Does your child have specific health related needs (please check one) Yes No

If you answered yes, please provide details on the following Health Information page.

Child #3

Child's First/Last Name _____

Birthdate _____

***Group-with option:** Come with a friend! We do our best to accommodate requests for children to be grouped with one other child attending the same program. (This option is not applicable for swimming programs.)

Programs

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

- Lunch Bunch Cost _____
- Mini U Busing Cost _____ Location _____
- Swimming Lessons Cost _____

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

- Lunch Bunch Cost _____
- Mini U Busing Cost _____ Location _____
- Swimming Lessons Cost _____

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

- Lunch Bunch Cost _____
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- Swimming Lessons Cost _____

Program Name _____

Date/Week # _____ Cost _____

Name of friend* (First/Last name) _____

- Lunch Bunch Cost _____
- Mini U Busing Cost _____ Location _____
- Swimming Lessons Cost _____

Grand Total _____

Health Information

Does your child have specific health related needs (please check one) Yes No

If you answered yes, please provide details on the following Health Information page.

Health Information Forms

Child's Name _____

My child... (please check all that apply)

- has allergies has dietary concerns
- carries an Epipen* will be bringing an Epipen to camp**
- I consent to staff helping administer the Epipen
- has Asthma carries an inhaler* will be bringing an inhaler to camp**
- I consent to staff helping administer the Inhaler
- requires medication during camp hours** (please describe below)
- I consent to staff helping to administer the medication
- wears a Medical Alert Bracelet

Please provide details on any additional medical conditions:

**Please note: All medication must be brought to camp everyday. Children may not be permitted to participate without it.

SPECIAL NEEDS

While Mini U makes every attempt to be fully inclusive, we may have some limitations in providing an optimal experience for all children. See the 'Supporting Families' section at miniu.ca

My child...

- has special needs, but does not require a one-on-one support worker*
- has special needs, and will bring a one-on-one support worker*
- has special needs, and is requesting a one-on-one Mini U support worker*

* Please make sure that the 'special needs' form, available at miniu.ca in the Supporting Families section has been reviewed and appropriate paperwork submitted with this registration form.

If you have more children with specific health needs, please provide a separate Health Information form for each child. Visit miniu.ca for additional forms.

Child's Name _____

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Questions? Call 204-474-6100.

Waiver, Release, Indemnity, Acknowledgement of Risk, and Conditions of Enrollment

1. ATTENTION: BY COMPLETING THIS PROCESS FOR REGISTRATION YOU ARE AGREEING TO THE FOLLOWING RELEASE AND INDEMNITY. THIS MEANS YOU WILL GIVE UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE, BY PROCEEDING AND COMPLETING THE REGISTRATION PROCESS. PLEASE READ CAREFULLY.

I understand that participation in programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, even under the safest conditions, may be hazardous and that my participation (or that of my child(ren)) may expose Me (or my child(ren)) to elements of risk that may include loss of or damage to personal property or bodily injury such as, the possibility of internal injuries, fractures, concussions, sickness and even death. I expressly agree to accept and assume all of the associated risks.

IN CONSIDERATION of the University of Manitoba (the "University") allowing Me or my child(ren) to participate in programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, I on my own behalf and on behalf of my heirs, my spouse, my child(ren) executors, administrators and assigns RELEASE the University, its respective servants, agents or employees (collectively referred to as the "University") from any liabilities, claims or actions of any nature whatsoever arising from or related to any and all injury (including death) to me or my child(ren) and/ or loss or damage to personal property arising from, or in any way resulting from participation in programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities unless such injury and/or damage is caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the scope of their duties.

I FURTHER AGREE TO INDEMNIFY the University from any and all claims, demands, or causes of which are in any way connected with my and/or my child(ren)'s participation in programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, unless such claims are based upon damages caused or alleged to be caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the Scope of their duties.

I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

While Mini U makes every attempt to be fully inclusive, we may have some limitations in providing an optimal experience for all children. Once we receive your child's application form we may need to discuss in more detail if and how we can best care for your child. Please note that the health and medical information may be shared between administrators of Mini U Programs and the U of M athletic therapy staff.

PARENT'S OR LEGAL GUARDIANS' ADDITIONAL AGREEMENT AND INDEMNIFICATION

I further certify that I am the parent or legal guardian of the child(ren) being registered.

In consideration of my child(ren) being permitted to participate in programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, I, the parent or legal guardian of my child(ren) agree on behalf of the child(ren) to the above assumptions of risk, release of liability and waiver of claims and to release, indemnify and hold harmless the University from any and all Claims which are brought by, or on behalf of my child(ren), and which are in any way connected with such participation or use by my child(ren) except where such claims and demands are caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the Scope of their duties.

2. I hereby authorize the university to seek emergency medical assistance for my child named in this application ("my child") if the adult contact information provided cannot be reached.

3. I have read and understand the refund policy statements listed at :
umanitoba.ca/sportandrec

Yes No

I give permission to the University of Manitoba to take photographs/video content of my child named in this application ("my child") during camp activities, and to display and otherwise use these photographs without charge for promotional purposes in connection with the University of Manitoba, including publicity, advertising, brochures, web content, including postings on social medial sites such as Facebook, Instagram, Snap Chat and/ or Twitter.

Signature _____
(PARENT OR GUARDIAN)

Date _____

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the registration & admission of the applicant in the University of Manitoba programs. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, contact the Access & Privacy Coordinator's Office (tel. 204-474-7559), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.