

# 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

### Fall & Winter programs:

Registration opens

In person: August 25, 2017 at 6:00 a.m

Online: August 28, 2017.

## How to register

Send fax to 204-474-7503

Mail to 154 Active Living Centre  
University of Manitoba  
Winnipeg, Manitoba R3T 2N2

Drop off in person at the Active Living Centre, Max Bell Centre or Joe Doupe Centre (Bannatyne Campus).

Register quickly and easily online. We have a new registration software! To set up your account, please visit [umanitoba.ca/sportandrec](http://umanitoba.ca/sportandrec).

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

**For more information,  
please visit [miniu.ca](http://miniu.ca)**

## Methods of payment

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.

## Important information

- Children registering for Fall Programs must be of minimum age for programs by December 31, 2017.
- Children registering for Winter Programs must be of minimum age for programs by December 31, 2018.
- Both sides of the registration form must be fully completed for each child.
- 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.

## Refunds and transfers

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

## Contact information

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

# Fall/Winter Registration Form

Child's last name \_\_\_\_\_ First name \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_  
MM | DD | YYYY

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

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, 155 Active Living Centre, University of Manitoba.

## Office use only

Cash  Debit  Cheque  Visa  MasterCard

Date received \_\_\_\_\_ Amount paid \_\_\_\_\_

Processed by \_\_\_\_\_ Participant notified by \_\_\_\_\_

Phone  In person  Fax  Mail

Staff initials \_\_\_\_\_ Barcode \_\_\_\_\_

## Payment Information

We do not accept post-dated cheques.

Please check method of payment:

Cheque  Visa  MasterCard

### For fax and mail registrations only:

Please make cheques payable to the University of Manitoba and send to:

Mini U Programs, Customer Service Desk,

154 Active Living Centre, University of Manitoba

Winnipeg, Manitoba R3T 2N2 | Fax: 204-474-7503

### For payment by credit card, please enter your information below:

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

CSV \_\_\_\_\_

Authorized credit card signature \_\_\_\_\_

## Contact/Authorized Pick-Up Information

### Owner of family account (receipts will be issued to this individual):

Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (daytime) \_\_\_\_\_ (cell) \_\_\_\_\_

### Others authorized for contact and pick (Please circle one):

#### Guardian / Authorized Care Giver / Support Worker / Case Worker

Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (daytime) \_\_\_\_\_ (cell) \_\_\_\_\_

#### Guardian / Authorized Care Giver / Support Worker / Case Worker

Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (daytime) \_\_\_\_\_ (cell) \_\_\_\_\_

### Emergency contact (other than above)

Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (daytime) \_\_\_\_\_

(cell) \_\_\_\_\_

## Programs

Program Name \_\_\_\_\_

Code \_\_\_\_\_ Cost \_\_\_\_\_

Program Name \_\_\_\_\_

Code \_\_\_\_\_ Cost \_\_\_\_\_

Program Name \_\_\_\_\_

Code \_\_\_\_\_ Cost \_\_\_\_\_

Program Name \_\_\_\_\_

Code \_\_\_\_\_ Cost \_\_\_\_\_

Grand Total \_\_\_\_\_



## Health information

Child's name \_\_\_\_\_

Please fill out any of the following that apply. The more information we have, the better we can meet the needs of your child.

### My child...

- has allergies    has dietary concerns    carries an EpiPen\*  
 requires medication during camp hours\*    has Asthma    carries an inhaler\*  
 wears a Medical Alert Bracelet    other    has additional medical conditions

Please make sure that the package of information available at [miniu.ca](http://miniu.ca) has been reviewed and appropriate paperwork submitted with this registration form.

\* Please submit the appropriate health consent form with the registration form, available at [miniu.ca](http://miniu.ca)

If any of the boxes noted above are checked, please provide written information below or attach the additional information and submit all documents to the University of Manitoba.

Please provide:

- name and details of the condition(s)/allergy/allergies
- symptoms of allergy
- triggers of condition/allergy
- management plan
- dosage requirements if medication is necessary

---

---

---

### SPECIAL NEEDS

\*Mini U Programs does not provide one-on-one support staff for children during fall & winter programming. Please indicate your child's level of needs below.

### My child...

- does not have special needs  
 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\*

\* Please make sure that the "Who I Am" form, available at [miniu.ca](http://miniu.ca) has been reviewed and appropriate paperwork submitted with this registration form.

*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.*



**Questions? Call 204-474-6100.**

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

ATTENTION: BY COMPLETING THE 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.

### 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.

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..*

