

Child Registration Form

Register by completing the bottom portion of this form and return it to your local
Prairie West Recreation office with full payment.

Please make cheques payable to Prairie West Recreation.

NOW ACCEPTING E-TRANSFERS E-transfers can be made payable to pwretf@mymts.net.

Please use the password: pwr2019

Virden: Virden C.P.R Historic Centre 425 6th Avenue South (Drop box available 24/7)

Elkhorn: Register in person on Tuesdays at the Elkhorn Leisure Centre from
10:00 AM – 3:00 PM

Mail To: Prairie West Recreation, Box 2006, Virden MB, R0M 2C0

Registrations are on a first come, first serve basis.

Full payment is required to confirm your registration.

*There will be a \$10.00 late fee implemented for registrations received after the
stated registration deadline.*

**As of April 1st, 2015 if you do not live in the Town of Virden or RM of
Wallace-Woodworth there will be an additional \$5.00 out of district fee.**

Contact the PWR office at 204-748-2542, email us at pwr@mymts.net,
or visit our website at www.prairiewestrecreation.com

Program: _____

Childs First Name: _____ Last Name: _____

Age: _____ Grade: _____ DOB: _____ (YYYY/MM/DD)

Parent(s)/Guardian(s) Name: _____

Mailing Address: _____ Town or RM: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Would you like to receive Prairie West Recreation's free ENEWS? _____

I certify that I am in good health and able to participate in vigorous activities involved with Prairie West Recreation District programs. I authorize the directors and instructors to seek emergency medical treatment if it is deemed necessary. This also assures that I release the instructors, Prairie West Recreation Commission and the program facility from any liability from any injury or illness incurred going to the program from home, while at the program, or returning home from the program. I agree to hold harmless the instructors, Prairie West Recreation Commission and the program facility and its operators of all liabilities for losses and damages of all and every description.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

CHEQUE: _____ CASH: _____ ETRANSFER: _____ RECEIPT: _____

