

FRIENDS OF RIDING MOUNTAIN NATIONAL PARK

154 Columbine Street, Wasagaming, Manitoba

friends.rmnp@mymts.net

(204) 848-4037

a volunteer driven, non-profit charitable organization

www.friendsofridingmountain.ca

“PARK”ticipACTION PROGRAM – REGISTRATION FORM

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's Name _____ Boy _____ Girl _____

Birth date: Day _____ Month _____ Year _____ Age: _____

Home City _____

Medical Information:

Allergies _____

Other _____

Parent/Guardian's Name _____

Contact number _____

Address in Park _____

Signature of Parent / Guardian _____

Reverse side of registration form must be completed also

Friends of Riding Mountain National Park
Box 226, Onanole Manitoba R0J 1N0
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Discover
Experience
Appreciate



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“PARK”ticipACTION Program

- On the day of your child's program, make sure that he/she is signed in at **10:00 a.m.**
- **Sign in takes place at the Friends Learning Centre (154 Columbine Street)**
- Refunds will not be given after **10:20 a.m.**
- Children must be signed out at **12:00 p.m.**
- **Sign out takes place at the Friends Learning Centre (154 Columbine Street)**
- Programs are for children between the **ages of 5 and 12 only**
- Children must be signed in and out of Junior Naturalist programs by the **same Parent/Guardian.**
Children cannot sign themselves in or out of our programs.

I have read and understand the regulation for the programs. Signature: _____

Release of Publicity and Privacy Rights

I, _____, agree to the use of my likeness, or a representation of my likeness (such as sketches or photographic adaptations), in materials developed by or on behalf of Friends of Riding Mountain National Park and Parks Canada, or licensed by Friends of Riding Mountain National Park or Parks Canada, including posters, photographs, videos, films and multi-media products. I release Friends of Riding Mountain National Park and Parks Canada and their licensees from all liability for any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness.

I also agree that my likeness or representations of my likeness may be exhibited, shown or reproduced in any media, whether in Canada or elsewhere.

Printed Name of Model

Signature of the Model

Witness

Signature of Parent/Guardian (if model is under 19)

Date

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