

# 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

## YOUNG EXPLORERS PROGRAM – REGISTRATION FORM

Tuesday Evening – **Caching Wasagaming**       Thursday Evening – **Nature Expressions**

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_      Age: \_\_\_\_\_

Home City \_\_\_\_\_

### Medical Information:

Allergies \_\_\_\_\_

Other \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Contact number \_\_\_\_\_

Email Address \_\_\_\_\_

Address in Park \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Space is limited to a maximum of ONLY eight (8) participants per program. To guarantee your spot(s), advanced registration and payment is required.

***Reverse side of registration form must be completed also***

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Discover  
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## Young Explorers Program

- Programs take place at the **Friends of RMNP Learning Centre** (154 Columbine Street)
- Refunds will not be given once the program has begun.
- Children must be signed out at **9:00 p.m.**
- Programs are for children between the **ages of 7 and 14 only**
- Children must be signed in and out of Young Explorers 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 Child

\_\_\_\_\_  
Signature of Parent/Guardian (if under 19)

\_\_\_\_\_  
Date

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