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PARENTAL CONSENT FORM AND RELEASE OF LIABILITY

Child's Name: _____
Address: _____ **Town/City:** _____ **Postal Code:** _____
Gender: ___ Male ___ Female **Age:** _____ **Birth date:** _____
Parent E-mail address: _____

Parent and Alternate Contact Information

Parents' Names: _____

Mother: Home Phone: _____ Work: _____ Cell: _____

Father: Home Phone: _____ Work: _____ Cell: _____

In case the parent/guardian is not available in the event of an emergency, please provide the name and phone number of another emergency contact:

Name: _____

Phone Number: _____ **Relationship:** _____

Waiver and Consent in Case of Emergency

I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by: Macdonald-Headingley Recreation District staff/volunteers, Emergency Services, my physician or any other physician selected by Emergency Services.

Parent/Guardian Signature

Date

I, the parent/guardian of the above named child, in consideration of allowing my child to participate in the "Hit the Ice" recreational hockey program, hereby release all persons involved in the Macdonald-Headingley Recreation District, including directors, employees, and volunteers from any and all liability arising out of my child's participation, to the extent that such liability is not otherwise covered by any liability insurance.

Parent /Guardian Signature

Date

Anyone under the age of 18 years must have Registration & Waiver form signed by parent or legal guardian.