



Registration Form:

First Name: _____

Last Name: _____

Address: _____

City: _____ Prov. _____

Home Phone #: _____

E-mail: _____

Age: _____ Gender M F

School you are attending: _____

Manitoba HealthCard Numbers:

6 digits _____

9 digits _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone #: _____

Payment

Cheque payable to Insahyu

Cash



October 3, 17, 23, 31 and Nov 7

Location: Brooklands School

1950 Pacific Ave W

Time: Monday Nights 6:30p.m. – 7:45 p.m.

Coach

Melanie Talastas

Former member of the University of Winnipeg Women's Basketball team. A graduate of Bachelor of Arts degree in Kinesiology and a Certified Athletic Therapist.

A two time Bronze Medalist and two time Silver Medalist in CIS (Canadian Interuniversity Sports) with the University of Winnipeg Women's Basketball team. Participated Canada Games in 2001 as a member of Manitoba Provincial Basketball team.

She is currently working with CIS Wesmen Women's basketball team and MCAC Wesmen Women's basketball team as strength and conditioning coach for the 2011-2012 season.

Owner of Insahyu training & therapy specializing in basketball strength and conditioning training.

Parental Acknowledgement:

1. General Admission

In registering my child for the basketball training, I give permission for my child to participate in the basketball program which includes running, jumping and other physical activities. My child is in good health and may participate in all activities.

2. Photograph

I hereby authorize the Insahyu members to take photographs of my child in program activities, and to display and otherwise use these photographs without charge solely for the purpose of programming and for promotion of Insahyu programs.

3. In Case of Emergency

I recognize that participation in Insahyu activities may expose my child to risk of injury. I agree not to hold Insahyu liable to any claims that may occur during any activity held by Insahyu. In case of emergency or accident, I hereby grant Insahyu members to secure proper medical treatment and transportation of my child to an appropriate facility for treatment, in case I am not able to be reached.

Signature: _____

Date: _____