



Specialized Services
for Children & Youth
Together Is Better

Rehabilitation Centre for Children
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REHABILITATION
CENTRE FOR
CHILDREN

For Office Use Only
Received on: _____

RBC Therapeutic Recreation and Wellness Program

Registration Form for Saturday Yoga Program

Name of Participant: _____ Date of Birth: _____

Age: _____

6-digit MB Health #: _____ 9-digit PHIN: _____

Parent Information:

Parents/Guardian: _____ Address: _____

Check one Foster Parents

Legal Guardian/Parent

Home Phone #: _____

Work/Cell Phone #: _____

Email (optional): _____

Legal guardian name, Phone # and Fax #: _____
(if different from above)

In case of emergency, contact:

1. _____ Ph. #: _____

2. _____ Ph. #: _____

Yoga Sessions:

Please check off all sessions you are interested in attending. To make this program accessible to a larger number of families, we will be using a rotating system. Prior to each session starting, we will confirm if you have a spot.

Fall (Oct - Dec) _____ Winter (Jan-Mar) _____ Spring (April-May) _____

Please check off the program you would like your child to attend. Once all registrations have been received, you will be notified of which session you have been placed in.

Yoga class 12:00-12:45 _____	Low sensory yoga class 1:00-1:45 _____
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Medical concerns (e.g.: Medication, seizures, allergies, temperature sensitivity, etc.) Please attach any special healthcare plans that are in place for your child.

Parent/Guardian Signature: _____

Date: _____

Would you like us to add you to our email list to receive information about upcoming programs? Please initial:

Yes

No

I'm already on the list

The Leisure in Fun Environments (L.I.F.E.) program at RCC is generously funded by the Children's Rehabilitation Foundation and their donors. For more information on their work with families and children with special needs, visit their website at www.crf.mb.ca



Therapeutic Recreation
and Wellness Program