



Specialized Services  
for Children & Youth  
Together Is Better

Rehabilitation Centre for Children  
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REHABILITATION  
CENTRE FOR  
CHILDREN

## RBC Therapeutic Recreation and Wellness Program

### Registration Form for Inservice Days Program

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
6-digit MB Health #: \_\_\_\_\_ 9-digit PHIN: \_\_\_\_\_

**Parent Information:**

Parents/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Work/Cell Phone #: \_\_\_\_\_  
Email (optional): \_\_\_\_\_

Check one  Foster Parents  
 Legal Guardian/Parent

**Legal guardian name, Phone # and Fax #:** \_\_\_\_\_  
(if different from above)

**In case of Emergency contact:**

1.	_____	Ph. #: _____
2.	_____	Ph. #: _____

**Persons authorized to pick up my child:** \_\_\_\_\_

**Information about the Participant:**

**Mobility:**  Wheelchair  Walks independently

**Eating:**  Independent  Needs help

**Toileting Needs:**  Independent  Needs help

**Supervision Needs:**  Will stay with the group  Needs constant supervision

Please describe: \_\_\_\_\_

**Medical concerns (e.g.: Medication, seizures, allergies, temperature sensitivity, etc.) Please attach any special healthcare plans that are in place for your child.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I grant permission for program staff to seek appropriate medical attention (including transfer to hospital) and release relevant medical and/or personal information of my child (such as diagnosis, summary of incident, present medication, etc) to emergency medical staff in the event of sudden ill health or injury.

**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