



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 _____ Program @ _____
(i.e. 9:30 a.m.)

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

Parent Information:

Parents/Guardian: _____ Address: _____
Check one Foster Parents Home Phone #: _____
 Legal Guardian/Parent Work/Cell Phone #: _____
Email (optional): _____

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