Pembina Active Living (55+)

Program Registration Form

***Name:**

***Phone 1:** **Phone 2:** ** Mandatory fields*

PAL (55+) Membership Number:

***E-mail:**

Program Name List all Classes and Drop-Ins	Day of Week	Start Time/ Date	Cost
		Total Cost:	

☐ E-transfer – treasurer@pal55plus.ca ☐ Cheque – Pembina Active Living (55+) ☐ Cash

1. **Program Cancellation:** PAL (55+) reserves the right to cancel, change, or alter any Program due to insufficient registration or any other unforeseen circumstance.
2. **Fees Refund:** PAL (55+)'s refund policies are listed on the PAL (55+) website.
3. **DISCLAIMER:** I will hold harmless PAL (55+) and its representatives against any and all claim(s) for damages or injuries known or unknown arising out of, or in connection with, the activities of any, or all, of PAL (55+) Programs.
4. Please inform instructor of any existing medical condition that may affect your participation in the program.
5. Please check with your health care professional before participating in fitness activities.

Signature of Participant **Date**

R.P.O Box 70054 Kenaston,
Winnipeg, MB R3P 0X6 204-946-0839
Email registration form to
office@pal55plus.ca