

984 PORTAGE AVE.
WINNIPEG, MB R3G 0R6

EXPERIENCEMOMENTA.COM

F / 204.808.9722

ENTRANCE ON AUBREY ST.

F / 204.415.4327

The Mac Trek Registration Package

The Mac Trek offers free canoe trips for youth in care to commemorate Mac (1998-2015). Mac was a young man who showed immense compassion and shared a positive attitude with everyone he met. To carry his spirit forward, we will be hosting canoe trips (led by Momenta, experiencemomenta.com) where young people can find a connection to the wilderness, and friendship.

Please return this registration package as soon as possible, we have 7 spots on each trip and spots will be given on a first come, first serve basis.

Forms can be mailed, faxed or emailed to the following address:

Momenta
984 Portage Ave.
Winnipeg, Manitoba
R3G 0R6
FAX 204-415-4327
lise@experiencemomenta.com

Which trip are you interested in (please circle)?

Beginner Overnight Canoe Trip (ages 11 to 13): August 9 & 10, 2017

4-Day Canoe Trip (ages 14+): August 22 to 25, 2017

Participants Full Name: _____

Date of Birth: _____ Phone Number: _____

Name of the Person who helped you with this form (if any): _____

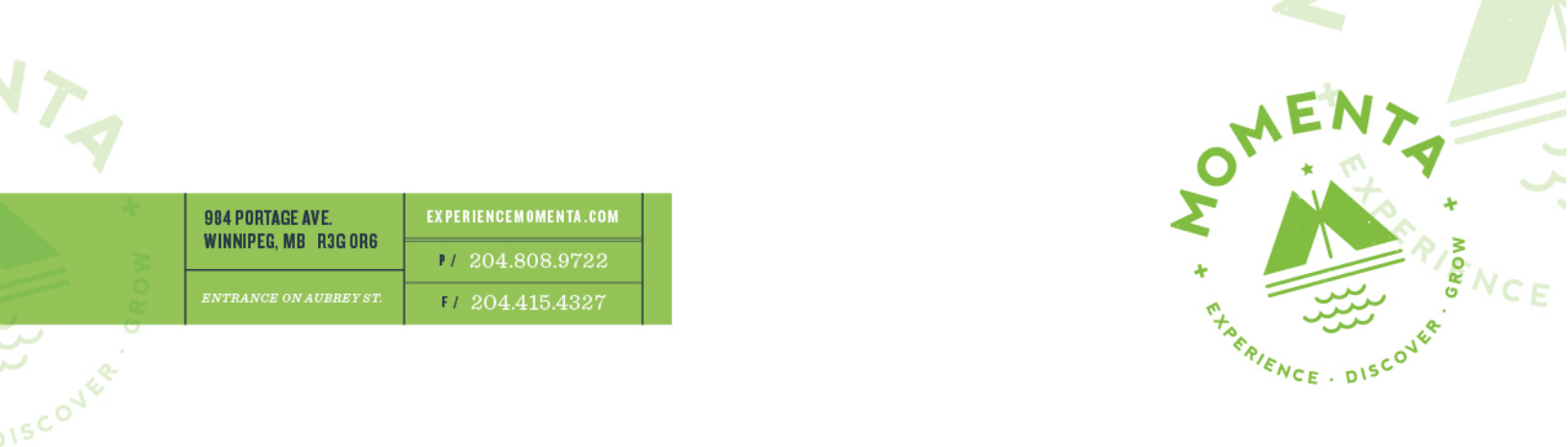
Relationship to you: _____ Phone number: _____

Three reasons why you are interested in going on a canoe trip: _____

Camping and Outdoor Experience	YES	NO
Have you ever been in a canoe?		
Do you know how to swim?		
Have you slept in a tent?		
Have you swam in a lake?		
Do you like being outside rain or shine?		

Personal Skills
What are three of your strengths and how would you use them on a canoe trip? 1. 2. 3.
Do you have any goals you want to accomplish while participating in the canoe trip?

Interpersonal Skills	YES	NO
On a canoe trip, you live, eat and work with the same people. Is this a setting you would be successful in?		
If yes, please give an example of a time when you were successful in a group.		
Do you get along with adults?		
If yes, please give an example of a time you worked well with an adult.		
Interpersonal Skills	YES	NO
Do you get along with peers?		
If yes, please give an example of a time you worked well with a group of peers.		



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Momenta Program Permission form and Photo Release

I give permission for _____
to attend the following Momenta Program
_____ on the
following dates _____.

I certify that I am the legal guardian of this child and
that I have reviewed Momenta's behaviour
expectations with my child.

Momenta Expectations

1. Have fun
2. Take care of each other
3. Be respectful
4. Participate
5. Be safe

I have read and agree to follow Momenta's
Expectations :

Participant signature

Please note, cell phones and other electronic devices are
not permitted at Momenta programs. All electronic
devices should be handed in at the beginning of a program
for safe keeping. If a participant needs to phone home,
they can do so from a land line or a staff phone. Parents are
encouraged to keep electronic devices especially cell
phones at home while their child attends a Momenta
program. Thank you for helping everyone to have fun and
participate.

Authorization and release for photography to
Momenta experience discover grow

I, _____, as the
person (or guardian) of the person named below,
hereby authorize Momenta experience discover
grow, their officers, employees, video or
cinematographic agents, namely, in any publication,
broadcast, posting on the internet (web), advertising
or display, to be used without restriction and for a
period of 50 years following the end of the calendar
year in which the work is first completed.

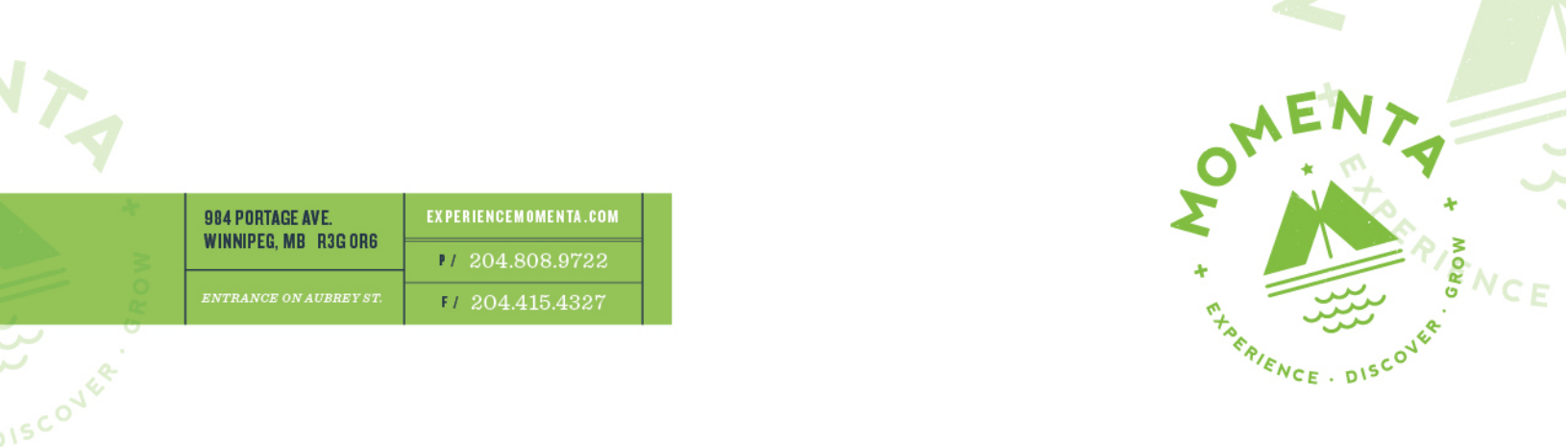
I hereby release Momenta experience discover grow,
it's officers, employees, and agents from any and all
claims, of any kind, which I (or the minor person)
may have, now or in the future, in connection with
the use that person's likeness, as referred to above.

Name of guardian if participant is a minor

Signature of participant or guardian

Signature of witness

Date



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Program:

Date:

Participant Name _____

Birthdate of Participant _____ Age _____ Gender/Pronoun: _____

Mailing Address _____

Name of Parent or Guardian _____

Home Phone (____) _____ Work or Cell Phone (____) _____

Doctor's Name _____ Doctor's Phone _____

Manitoba Health Number _____

Emergency Contact Name _____ Relationship _____

Home Phone (____) _____ Work or Cell Phone (____) _____

Emergency Contact Name _____ Relationship _____

Home Phone (____) _____ Work of Cell Phone (____) _____

General Medical History

Does participant currently have a history of	Yes	No
1. Respiratory problems		
2. Asthma		
If YES to 1 or 2: what triggers attack? Last episode? Any other pertinent information?		
3. Gastrointestinal disturbances		
4. Diabetes		
5. Blood disorders		
If YES to 3 thru 5: what are the specifics?		
6. Neurological problems		

Does participant currently have a history of	Yes	No
7. Seizures		
8. Dizziness, fainting		
9. Migranes		
If YES to 6 thru 9: describe frequency, date of last episode and severity		
10. Disorders of urinary tract		
11. Hypertention		
12. Cardiac problems		
13. Other Medical Conditions not included above		
If YES to 10 thru 13, include the specifics.		
Questions 13 and 14 are for female participants only		
14. Treatment for menstrual cramps		
15. Pregnant		
If YES to 14 thru 15 include specifics.		
In the past three years, does participant have a history of:	Yes	No
16. Fractures		
17. Sprains		
18. Other joint or muscle injury		
If YES to 16 thru 18: include specifics including injury location on body, when it occurred, was surgery required, any special considerations.		
19. Allergies to foods		
20. Dietary restrictions		
21. Environmental allergies		
22. Allergies to Medications		
If YES to 19 thru 22, include specifics, severity, reactions and treatment.		

	Yes	No
23. Does the participant plan to take perscription or non-perscription (over the counter) medication during the program		

If YES to 23, please complete the next table. Attach a separate sheet if necessary.

Medication	Dosage, Include amount and time taken	Side effects	Restrictions	For what condition

Personal History

Is the participant currently experiencing:	Yes	No
24. Smokes tobacco cigarettes		
25. Substance abuse		
26. Eating disorder		
27. Anxiety disorder		
28. Depression		
29. Behaviour disorder		
30. Trouble sleeping or sleep disorders		
31. Other: _____		

If YES to 24 thru 31 include triggers, reactions and treatment
 *Please note that if your child is addicted to smoking tobacco cigarettes, cigarettes and lighters must be handed in on the first day of camp. Please note how you would like camp staff to manage this addiction for the duration of camp.

32. What is the participants' fitness level? Above Average Average Below Average

33. What is the participants' swimming level? Above Average Average Non-swimmer

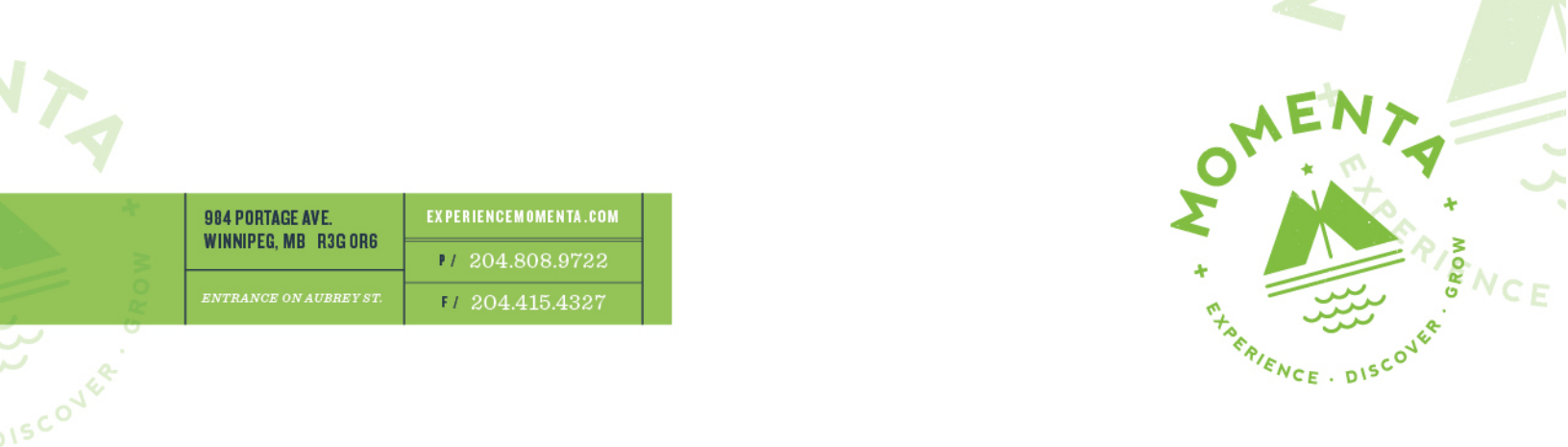
34. Date of last tetanus shot _____

35. What is the participant's shoe size _____ t-shirt size _____

By my signature, I attest all information on this form is complete, thorough and truthful.

Parent / Guardian Signature _____

Date _____



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Program _____

Date _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Momena experience discover grow's athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown physical and legal, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I knowingly waive my right to bring any legal action for any injuries I may suffer as a result of my participation in the above activity; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Momena experience discover grow their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT NAME

PARTICIPANT'S SIGNATURE

DATE SIGNED

WITNESS NAME

WITNESS'S SIGNATURE

DATE SIGNED

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE SIGNED

WITNESS NAME

WITNESS'S SIGNATURE

DATE SIGNED