



914 PORTAGE AVE WINNIPEG, MB R3G0R6	EXPERIENCEMOMENTA.COM T / 204.608.9722
ENTRANCE ON WACREBUT ST.	F / 204.415.4327

The Mac Trek Registration Package 2018

The Mac Trek is a partnership between Voices: Manitoba's Youth In Care Network, Momenta, and Mac's family. We offer 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 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 204-425-4327
admin@experiencemomenta.com

Which trip are you interested in (please circle)?

Beginner Overnight Canoe Trip (ages 11 to 13): August 22 & 23, 2018

4-Day Canoe Trip (ages 14+): August 28 to 31, 2018

Participants Full Name: _____

Date of Birth: _____ Phone Number: _____

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

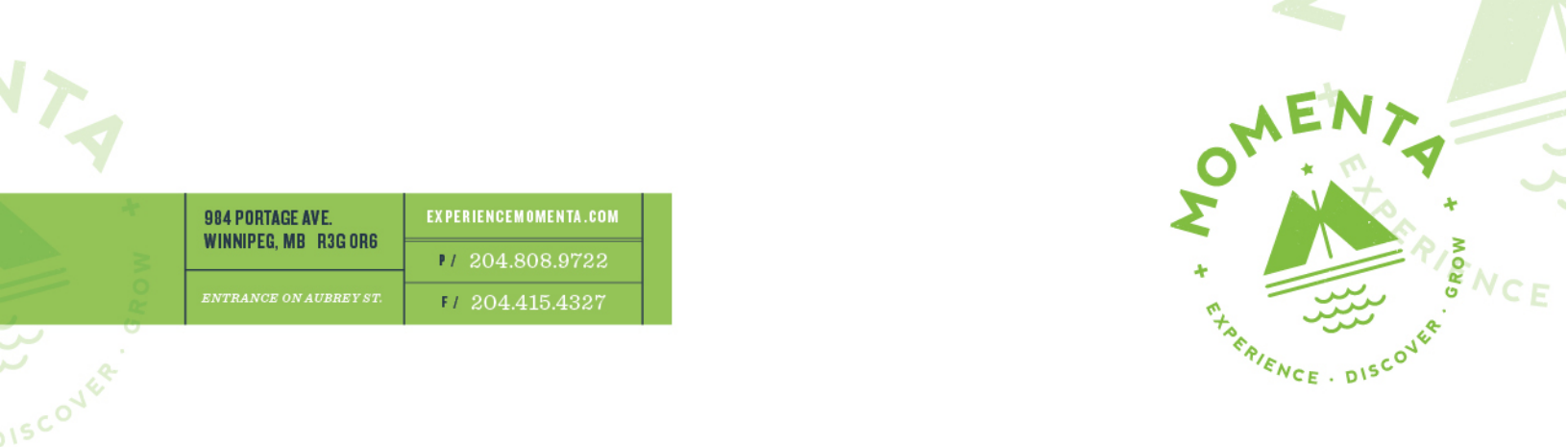
Relationship to you: _____ Phone number: _____

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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Program:

Date:

Participant Name _____

Birthdate of Participant _____ Age _____ Gender/Pronoun: _____

Languages spoken _____

Mailing Address _____

Name of Parent(s) or Guardian(s) _____

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 or Cell Phone (____) _____

General Medical History

Does participant have a history of	Yes	No
1. Respiratory problems		
2. Asthma		
3. Gastrointestinal disturbances		
4. Diabetes		
5. Blood disorders		
6. Neurological problems		
7. Seizures		
8. Dizziness, fainting		
9. Migranes		
10. Disorders of urinary tract		
11. Hypertention		
12. Cardiac problems		
13. Fractures		
14. Sprains		
15. Other joint or muscle injury		

Does participant have a history of	Yes	No
16. Allergies to foods		
17. Dietary restrictions		
18. Environmental allergies		
19. Allergies to Medications		
20. Treatment for menstrual cramps		
21. Pregnant		

If YES to 1-21, please complete the next table. Attach a separate sheet if necessary.

Number	Specifics

	Yes	No
22. Is the participant bringing medication to the program?		

If YES to 22, please complete the next table. Attach a separate sheet if necessary.

Medication	Dosage amount	Time of day	For what condition

Momenta's health officer will provide OTC medications for minor illnesses/complaints. Please initial the medications below that your child may be given if deemed necessary:

___ Pain/Fever Relief (Tylenol, Ibuprofen)

___ Antihistamines (Benadryl)

___ Cold/Cough (cough syrup, cough drops)

___ Topical (antibacterial ointment, Calamine)

___ Stomach Upset (Pepto, TUMS)

Personal History

Is the participant currently experiencing:	Yes	No
23. Addiction to tobacco cigarettes		
24. Substance abuse		
25. Eating disorder		
26. Anxiety disorder		
27. Depression		

Is the participant currently experiencing:	Yes	No
28. Behaviour disorder		
29. Trouble sleeping or sleep disorders		
30. Impacts from a history of trauma or a traumatic event		
<p>If YES to 23-29 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.</p>		

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

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

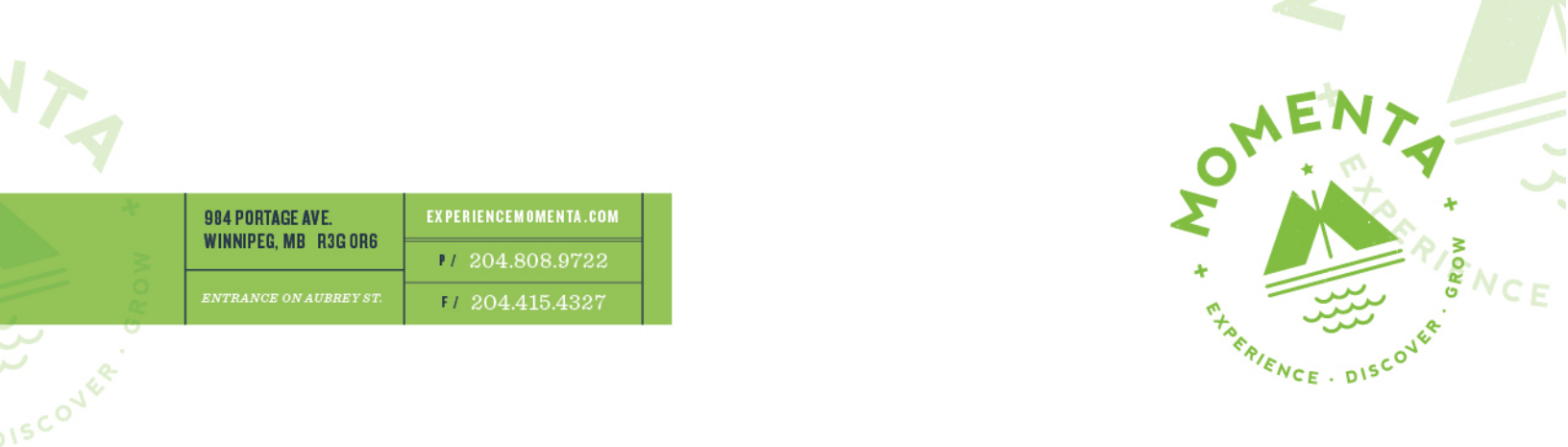
33. Date of last tetanus shot _____

34. What is the participant's t-shirt size (please circle) YouthMedium YouthLarge S M L XL XXL XXXL

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

Parent / Guardian Signature _____

Date _____



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Momenta Program Permission Form, Photo Release, & Data Collection

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.

I, _____, as the
person (or guardian of the person) named, 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

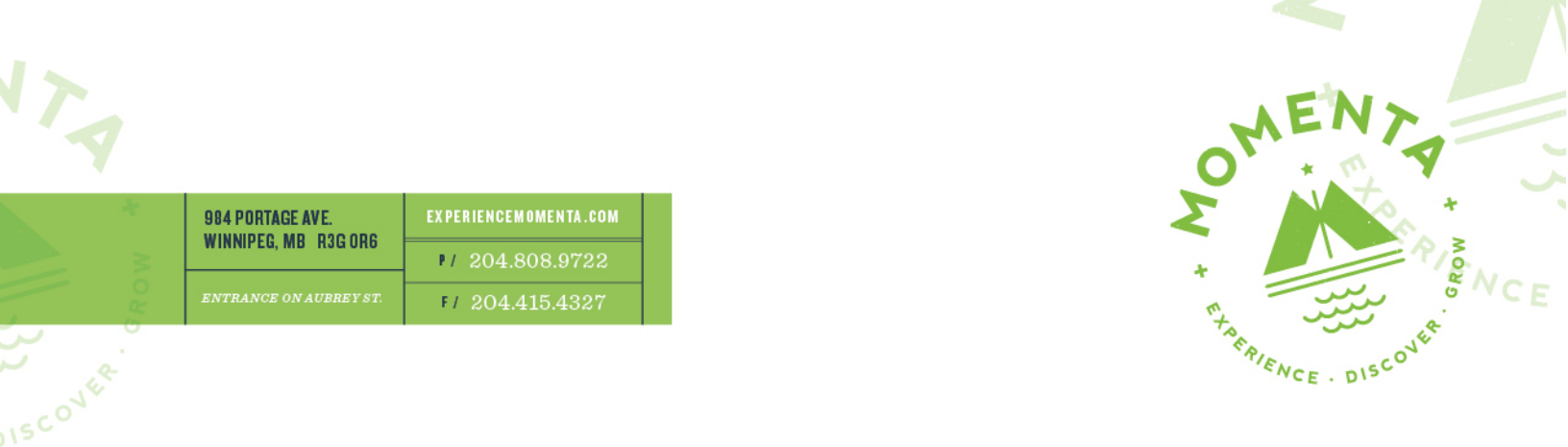
Signature of participant or guardian

I, _____, as the
person (or guardian of the person) named,
understand that information about my child will be
used in collecting non-identifiable data for program
evaluation and research.

Name of guardian if participant is a minor

Signature of participant or guardian

Date



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Program _____
Date _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Momenta 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 Momenta 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