

ABLE ENRICHMENT CENTRE

Registration Form --- School Year 2007 - 2008

web: www.ablemath.ca
email: ablemath@gmail.com

campus: 335 Lindenwood Dr. East
Winnipeg, MB, R3P 2H1

PLEASE PRINT

Student Name		Grade		Age	
Home Address	postal code:	(circle one) New / Returning			
		Day School			
Parent/Guardian		Tel (home)			
		Tel (other)			
Business Address	postal code:	Tel (business)			
		Tel (other)			

RELEASE and WAIVER: In consideration of the Able Enrichment Centre accepting this applications, I, _____ (parent/guardian) of _____ (student's name) for his/her/their heirs, executors, administrators and assigns, release the Able Enrichment Centre, its respective volunteers, servants, agents or employees from any claims, demands, damages, actions or causes arising out of or in consequence of any loss, injury or damage to his/her/their persons or property incurred while attending or participating at the Able Enrichment Centre, except to the extent that such loss, injury or damage may have arisen by reason of gross negligence of the Able Enrichment Centre, its volunteers, servants, agents or employees, without limiting the generality of the foregoing.

Date: _____

Signed: _____
(Parent/Guardian of Student)

Do not write below this line. For office use only.

Amount Received	(Cash / Cheque)	Admit to Level		Date	
Remarks	(Fall / Winter / Spring)			Treasurer	

(Receipt below - Tear off at dashed line)

Able Enrichment Centre

335 Lindenwood Dr. East

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Date	
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Student Name		Amount Received	(Cash / Cheque)
Parent/Guardian		Treasurer	