

Swimming Lesson Registration Form



Participant Information (Please Print):			
Surname:		First Name:	
Date of Birth:	Age:	Telephone:	
Mailing Address:			
City:	Province:	Postal Code:	
Medicare #:			

<p>Medical Information: Please indicate below if the participant has any medical conditions or medication requirements that we should be aware of (i.e., diabetes, epilepsy, allergies, etc.)</p>
Empty space for medical information

Parent / Guardian 1 Information (Please Print):	
Parent/Guardian Full Name:	Telephone #:
Address (if different than above):	Postal Code:
Email Address:	

Parent / Guardian 2 Information (Please Print):	
Parent/Guardian Full Name:	Telephone #:
Address (if different than above):	Postal Code:
Email Address:	
<p>If someone other than Parent / Guardian 1 or 2 will be collecting the participant from swimming lessons, please inform a member of pool staff.</p>	

Emergency Contact: the individual you list here will be contacted in the event a Parent or Guardian cannot be reached.	
Emergency Full Name:	Telephone #:
Relationship:	Secondary Telephone #:

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Please CHECK the level(s) desired. If unsure, please discuss with instructor to arrange an assessment.	
Swimmer 1 (July 9th – 19th) - \$50.00	Swimmer 4 (July 30th – Aug 9th) - \$100.00
Swimmer 2 (July 30th – Aug 9th) - \$50.00	Swimmer 5 (Aug 20th – 30th) - \$100.00
Swimmer 3 (July 9th – 19th) - \$100.00	Swimmer 6 (Aug 20th – 30th) - \$100.00

<p>Release and Waiver of Claim: Please read, print and then sign on signature line.</p> <p>I, _____, parent/legal guardian of child, _____ hereby acknowledge and agree that in consideration of his/her being permitted to participate in the Aquatics Program offered by Fundy Albert;</p> <ul style="list-style-type: none"> i. I understand and acknowledge the risks inherent with the activities carried out during the program, and hereby accept and assume all such risks which I or the participating youth for whom I act as guardian may be exposed. ii. I am sufficiently informed to represent to the Village that the participant does not suffer from any condition that may affect their ability to safely participate in the program. iii. I have carefully read and clearly understand that by signing this Release and Waiver of Claim, I will be forever thereof for any property loss, or personal injury that I or the youth may suffer while participating in this program. iv. I also acknowledge that Fundy Albert would not permit me or the participant to participate unless I signed the Release of Waiver and claim and agreed to comply with the rules and regulations as set out by Fundy Albert <p>Date: _____ Print: _____ Signature: _____</p>

OFFICE USE ONLY:
Payment Due: \$
Method of Payment (circle):
Cash
Chq # _____
Debit
Credit Card