

# Swimming Lesson Registration Form



## Town of Shellbrook

Participant Information (Please Print):				
Surname:	First Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>		
Date of Birth: / / (day/month/year)	Age:	Telephone:		
Mailing Address:				
City:	Prov./State:	Postal Code:		
Health Card #:	Other Health Insurance:			

<b>Medical Information:</b> 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.)

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

Parent / Guardian 2 Information (Please Print):	
Parent/Guardian Full Name:	Contact Telephone #:
Address (if different than above):	Postal Code:
Secondary Telephone #:	Email Address:

**If someone other than Parent / Guardian 1 or 2 will be collecting the participant from swimming lessons, please inform a member of pool staff**

<b>Emergency Contact:</b> the individual you list here will be contacted in the event a Parent or Guardian cannot be reached. This section is optional.	
Emergency Full Name:	Contact Telephone #:
Relationship:	Secondary Telephone #:

Please CHECK the TOP 3 DATES you would prefer:		
Session 1 (July 6 <sup>th</sup> – 10 <sup>th</sup> ) <input type="checkbox"/>	Session 4 (July 27 <sup>th</sup> – 31 <sup>st</sup> ) <input type="checkbox"/>	Session 7 (Aug 17 <sup>th</sup> – 21 <sup>st</sup> ) <input type="checkbox"/>
Session 2 (July 13 <sup>th</sup> – 17 <sup>th</sup> ) <input type="checkbox"/>	Session 5 (Aug 3 <sup>rd</sup> – 7 <sup>th</sup> ) <input type="checkbox"/>	
Session 3 (July 20 <sup>th</sup> – 24 <sup>th</sup> ) <input type="checkbox"/>	Session 6 (Aug 10 <sup>th</sup> – 14 <sup>th</sup> ) <input type="checkbox"/>	

Please CHECK the SESSION TIMES that you would prefer:		
Morning Session (8:00AM – 12:30PM) <input type="checkbox"/>	Afternoon Session (4:00PM – 7:00PM) <input type="checkbox"/>	Weekends (if offered?) <input type="checkbox"/>

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Please CHECK the level(s) desired. If unsure, please discuss with instructor to arrange assessment.							
Parent & Tot 1	\$47.00		Pre-school 5	\$52.00		Rookie	\$65.00
Parent & Tot 2	\$47.00		Swimmer 1	\$57.00		Ranger	\$65.00
Parent & Tot 3	\$47.00		Swimmer 2	\$57.00		Star Patrol	\$65.00
Pre-school 1	\$52.00		Swimmer 3	\$57.00		Bronze Star	\$80.00
Pre-school 2	\$52.00		Swimmer 4	\$57.00		Bronze Medallion	\$130.00
Pre-school 3	\$52.00		Swimmer 5	\$57.00		Bronze Cross	\$150.00
Pre-school 4	\$52.00		Swimmer 6	\$57.00		Private Lesson	\$20.00

**Release and Waiver of Claim:** Please read, print and then sign on signature line.

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 the Town of Shellbrook;

- 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 pay be exposed.
- ii. I am sufficiently unformed to represent to the Town that the participant does not suffer from any condition that may affect his/her ability to safely participate in the program. I also acknowledge that the town reserves the right to require medical certificate in respect to my or his/her ability to participate.
- 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 the Town of Shellbrook would not permit me or him/her to participate unless I signed the Release of Waiver and claim and agreed to comply with the rules and regulations as set out by the Town of Shellbrook.

**Date:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Photograph Release Declaration:** Please read, print and then sign on signature line.

I, \_\_\_\_\_, parent/legal guardian of child, \_\_\_\_\_ grant Shellbrook Swimming Pool and the Town of Shellbrook, the right to take photographs of the named participant. I authorise Shellbrook Swimming Pool and the Town of Shellbrook to copyright, use and publish these photographs in print and/or electronically.

I agree that Shellbrook Swimming Pool and the Town of Shellbrook may use such photographs of the named participant with or without identification for any lawful purpose, including publicity, illustration, advertising and one the relevant online websites.

**Date:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Change rooms will NOT be available during swimming lessons. Please arrive ready to swim and be prepared to leave your lessons without access to change rooms. Washrooms will be made available but not for changing purposes.**

**Any children in the levels from Swimmer 2 and under must be accompanied by an Adult in the pool. One adult per child.**

<b>OFFICE USE ONLY:</b>	
Payment Due: \$	Method of Payment (circle): Credit Card Chq # _____