

# Shellbrook Swimming Pool



## Junior Lifeguard Program 2018 Registration Form

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

<b>Medical Information: Please indicate below if the participant has any medical issues or medication requirements (i.e., allergies, diabetes, epilepsy, etc.)</b>

<b>Parent/Guardian #1:</b>	
Parent/Guardian #1 Name:	Contact Number:
Address (if different from above):	
Work/Cell Phone:	Email:

<b>Parent/Guardian #2:</b>	
Parent/Guardian #2 Name:	Contact Number:
Address (if different from above):	
Work/Cell Phone:	Email:

<b>(OPTIONAL) Emergency Contact: The person you list here will be contacted in the event that parent/guardian #1&amp;2 cannot be reached in an emergency.</b>	
Emergency Contact Name:	Relationship:
Address (if different from above):	
Home Number:	Work/Cell Number:

<b>Official Use Only</b>			
Payment Due: <b>\$60.00</b>	Method of Payment (circle)	Cash	Cheque # _____ Debit

**Release and Waiver of Claim:** Please read and sign.

(PLEASE PRINT) 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 and sign.

(PLEASE PRINT) 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:** \_\_\_\_\_