Swimming Lesson Registration Form



Participant Informa	tion (P	lease Print):			
Surname:	First Name: Gender: M F				Gender: M F
Date of Birth: /	/	(day/month/year)	Age:	Telepho	ne:
Mailing Address:					
City:		Prov./State:		Postal	Code:
Health Card #:			Other Health	Insurance:	
		se indicate below if the pa	•	•	
requirements that w	ve shou	Ild be aware of (i.e., diabe	tes, epilepsy, a	llergies, et	c.)

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

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

Emergency Contact: 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 th – 10 th)	Session 4 (July 27 th – 31 st)		Session 7 (Aug 17 th – 21 st)		
Session 2 (July 13 th – 17 th)	Session 5 (Aug 3 rd – 7 th)				
Session 3 (July 20 th – 24 th)	Session 6 (Aug 10 th – 14 th)				

Please CHECK the SESSION TIMES that you would prefer:						
Morning Session (8:00AM – 12:30PM)	Afternoon Session (4:00PM – 7:00PM)	Weekends (if offered?)				

\towshe-ad01\office documents\town\recreation director - jess\swimming pool\registration forms and sign up sheets\swimming lesson registration form 2020.docx

Swimming Lesson Registration Form

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.

١,

, 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 Declar	ation: Please read, print and then sign o	n signature line.
Swimming Pool and the Town Shellbrook Swimming Pool an and/or electronically. I agree that Shellbrook Swimm	, parent/legal guardian of child, of Shellbrook, the right to take photographs d the Town of Shellbrook to copyright, use a ning Pool and the Town of Shellbrook may us entification for any lawful purpose, including	s of the named participant. I authorise nd publish these photographs in print se such photographs of the named
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.

OFFICE USE ONLY:			
Payment Due: \$	Method of Payment (circle): E-transfer townoffice@townofshellbrook.ca		
	Chq #		