



# 2019 Swimming Registration Form

Please complete one registration form per session. Complete one form per family, living at the same address with the same Main Contact person.

## Stayner Centennial Pool Session Dates

Session 1	July 2 – July 19
Session 2	July 22 – August 9
Session 3	August 12 – August 30
Bronze Medallion/ Bronze Cross	July 12-14 and July 19-21

## Swimming Lesson Rates

Water Babies/Bubblers	\$62.00
Learn to Swim	\$67.00
Star (Levels 2-6)	\$89.00
Bronze Medallion (includes textbook)	\$160.00
Bronze Cross (includes textbook)	\$170.00

## Pool Passes

Children (Under 14 years)	\$66.00
Student (Over 14 years)	\$77.00
Adult (over 18 years)	\$ 87.00
Family (4 or less)	\$132.00
Family (5 or more)	\$150.00
Aquafit/Lane Swim	\$ 62.00
Summer Plus Pass (Student/Senior)	\$117.00
Summer Plus Pass (Adult)	\$127.00



#### Participant #1

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Level: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Participant #2

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Level: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Participant #3

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Level: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Participant #4

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Level: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Main Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email: \_\_\_\_\_



**Total Amount (Includes HST): \$ \_\_\_\_\_**

- ☐ **Cheque**
- ☐ **Cash**
- ☐ **Debit**

**NSF cheques will be charged \$40.00.** No refunds after the session begins & post-dated cheques must be dated for the session start date or earlier

#### Disclaimer of Liability and Release of Claims

Disclaimer: The participant, including his or her parents/guardians, in signing this registration form, choose to participate in this program at his or her own risk. I give permission for my child's photo to be used for publicity purposes. These photos may be taken during the program activities that were registered through the Township of Clearview.

Release: The participant and his or her parents/guardians release the Township of Clearview, including their elected officials, employees and agents, from all claims for loss or damage of any kind connected in any way to participation in this program, whether caused by negligence or otherwise. The person signing this form, acknowledges having read and understood this disclaimer and release and having voluntarily signed to indicate acceptance of the terms above. I hereby release the Township of Clearview from all claims for damages arising from any incident or injury, which are caused by or arising from any accidents or injury, which are caused by or arise from participation of the applicant(s) named on this registration during any program or in any facility or at any location where a program is being held.

**Signature of Adult Participant or Parent/Guardian:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_