



MORRISBURG BEACH

IROQUOIS BEACH

## 2019 Swimming Registration Form

Name of Participant: \_\_\_\_\_ Sex: M or F Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone(C): \_\_\_\_\_

LAST LEVEL COMPLETED: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Medical Information: Any health conditions which staff should be aware of? YES/NO

If YES please list: \_\_\_\_\_

### FEES

	1 Session	2 Sessions	3 Sessions	4 Sessions
1 person	\$55.00	\$85.00	\$110.00	\$150.00
2 people	\$85.00	\$150.00	\$195.00	\$255.00
Family (3 or more)	\$120.00	\$230.00	\$340.00	\$450.00

Session 1: July 2 – 12

Session 2: July 15- 26

Session 3: July 29 – Aug. 09

Session 4: August 12 - 23

Bronze Star \$135.00

Bronze Medallion \$135.00  + Emergency First Aid and CPR - B

Bronze Cross \$135.00

**JOIN THE SWIM TEAM! It's FREE and it's FUN.**

Yes

Payment Information: Cheque

Cash

Interac

To my knowledge, I (or my ward) have no health impairment, which might interfere with or preclude my participation in the above described activity. With respect of such participation, I hereby waive any and all claims for injury, loss or damage which may be suffered by me (or my ward) or which may arise from any physical defect, infirmity or incapacity known to me in so far as the Municipality of South Dundas, its employees or agents may be found liable or responsible for any injury or loss sustained by me (or my ward)

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