



THAMESFORD AREA SWIMMING POOL REGISTRATION FORM 2017

PART A: PARTICIPANT INFORMATION

PARTICIPANT'S Last Name:		First Name:	Birthdate:
Address:		City/Town:	Postal Code:
Health Card #:	Medical Information:		

PART B: PROGRAM REGISTRATION

Program Name:	Program Date & Time:	Price:
Office Use Only:	Payment: Cash Cheque Debit Online Date:	Receipt #: Processed By:
		Total: <i>Payment must be received in full to hold your child's place.</i>

PART C: FAMILY INFORMATION & EMERGENCY CONTACTS

Parent/Guardian Name:	Home Phone #:	Work/Cell Phone #:
Email:		
Emergency Contact – OTHER than Parent/Guardian:		
Name:	Relationship to Participant:	Phone #:
Address:	Email #:	

PART D: CONSENT

Participant Waiver This signed consent form allows your child to participate in all supervised activities listed on this registration form. The Township of Zorra and its employees are not responsible for any claim, loss, injury, or damage to persons or to property suffered during supervised activities.

Parent/Guardian Initials: _____

Photo Release I give the Township of Zorra permission to photograph my child; and to use these photographs for display and in any future promotional materials and website without compensation.

Parent/Guardian Initials: _____

Privacy Commitment The Township of Zorra is committed to protecting your privacy. The personal information contained on this form is collected by the Township of Zorra for the purpose of administering recreational programs. It will be kept secured and confidential.

Parent/Guardian Signature

Date

POOL CLOSURE & REFUND POLICY: Pool will be closed in the event of a thunderstorm, heavy rain, fouling, emergency, unsafe water conditions or mechanical issues. No refunds will be distributed in the event of above conditions. Makeup lessons will not be offered due to above conditions. Makeup lessons due to participant illness or personal commitments are available once per session, dependent on pool space and instructor availability.