

SWIMMING/PLAYGROUND REGISTRATION FORM

PART A: FAMILY INFORMATION - PLEASE PRINT CLEARLY

ADULT/PARENT/GUARDIAN'S Family Name		First Name	
Family Address		City/Town	Postal Code
Home Phone	E-mail		
Female Guardian's Name and Business or Cell #		Male Guardian's Name and Business or Cell #	
Emergency Contact Name		Emergency Contact Phone #	

FAMILY MEDICAL INFORMATION - is there any medical information or special needs you would like us to know about?

PART B: PARTICIPANT INFORMATION - *if program is full, applicant will be waitlisted

1. PARTICIPANT'S Family Name		First Name	Birthdate D ____ M ____ Y ____		Sex M or F
Swimming Level/Playground Week	Location	Session Date		Time	Fee
Swimming Level/Playground Week	Location	Session Date		Time	Fee
2. PARTICIPANT'S Family Name		First Name	Birthdate D ____ M ____ Y ____		Sex M or F
Swimming Level/Playground Week	Location	Session Date		Time	Fee
Swimming Level/Playground Week	Location	Session Date		Time	Fee
3. PARTICIPANT'S Family Name		First Name	Birthdate D ____ M ____ Y ____		Sex M or F
Swimming Level/Playground Week	Location	Session Date		Time	Fee
Swimming Level/Playground Week	Location	Session Date		Time	Fee

TO REGISTER:

MAIL:	form with payment to : P.O. Box 540, 21 Gordon St. E., Teeswater, Ontario N0G 2S0
DROP OFF:	form with payment to the Municipal Building 21 Gordon St. E., Teeswater, Ontario OR Mac's Milk 57 Elora St., Mildmay Ontario
FAX:	form to (519)392-6266 (payment must be received within 48 hours of fax)
CALL:	(519) 392-6623 (payment must be received within 48 hours of call)

OFFICE USE ONLY:	Total Amount \$	
	Payment Method	
	Entered by:	Date Entered