



AQUATICS REGISTRATION FORM

Parent / Guardian's Name _____ E-mail _____

Address _____ City _____ Postal Code _____

Home Phone # _____ Cell Phone # _____

Please fill out both pages

Participant's Name	Age / (d/m/y)	Session	Level	Day	Time	Preferred Day / Time if on the wait list
1.	/	Winter				
2.	/	Winter				
3.	/	Winter				
1.	/	Spring				
2.	/	Spring				
3.	/	Spring				
1.	/	Summer I				
2.	/	Summer I				
3.	/	Summer I				
1.	/	Summer II				
2.	/	Summer II				
3.	/	Summer II				

Participant's Name	Age / (d/m/y)	Session	Level	Day	Time	Preferred Day / Time if on the wait list
1.	/	Summer III				
2.	/	Summer III				
3.	/	Summer III				
1.	/	Summer IV				
2.	/	Summer IV				
3.	/	Summer IV				
1.	/	Fall				
2.	/	Fall				
3.	/	Fall				

CONSENT / AGREEMENT

I/We hereby apply for registration of the named participant(s) for Columbus Centre Aquatics and give Columbus Centre permission to act on my/our behalf in case of emergency. I/We acknowledge that the Columbus Centre is not responsible for missed classes and does not schedule make-up classes. I/We agree to release, discharge and indemnify and save harmless the Columbus Centre from and against all claims for damages arising as a result of an accident, injury or otherwise sustained by the participant (or to his/her personal property) named on the registration arising from participation in any swimming activities, where negligence is not the cause.

Medical Notes / Allergies _____

Emergency Contact (other than parent) Name _____ Phone # _____

Printed name of Parent / Guardian _____

Signature of Parent / Guardian _____ Date _____