

AQUATICS REGISTRATION FORM

Parent/Guardian's Name _____ Contact E-mail Address _____

Phone Number (____) _____ Member _____ Non-Member _____ (if non-member, please fill out the back)

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

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

CONSENT / AGREEMENT

I/We hereby apply for registration of the named participants 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 _____

If not a member, please fill out the following:

Address _____ City _____

Postal Code _____ Home Phone # _____