

2020 COLUMBUS CENTRE AQUATICS REGISTRATION FORM

1ST PARTICIPANT NAME AGE _____
 (PRINT IN BLOCK LETTERS BELOW)

 (FIRST) (LAST)

CLASS TIME: _____ TO _____

EMAIL _____

PHONE (_____) _____

OFFICE STAFF: PLEASE CIRCLE THE INFO BELOW

MEMBER	NON-MEMBER				
	MON.	TUES.	WED.	THURS.	SAT.

PRE-SCHOOL

PRESCHOOL A
 PRESCHOOL B
 PRESCHOOL C
 PRESCHOOL D
 PRESCHOOL E

PARENT & TOT

PARENT & TOT 1
 PARENT & TOT 2
 PARENT & TOT 3

6 YEARS and ABOVE

SWIMMER 1
 SWIMMER 2
 SWIMMER 3
 SWIMMER 4
 SWIMMER 5
 SWIMMER 6
 SWIMMER 7 (ROOKIE)
 SWIMMER 8 (RANGER)
 SWIMMER 9 (STAR)

ADULT LESSONS

BEGINNER - TUESDAY
 ADVANCED - TUESDAY
BRONZE PROGRAMS
 BRONZE STAR
 BRONZE MEDALLION
 BRONZE CROSS
AQUAFIT
 GENTLE
 DEEP
 ARTHRITIC

JUNIOR SWIM CLUB

2nd PARTICIPANT NAME AGE _____
 (PRINT IN BLOCK LETTERS BELOW)

 (FIRST) (LAST)

Class Time: _____ TO _____

EMAIL _____

PHONE (_____) _____

OFFICE STAFF: PLEASE CIRCLE THE INFO BELOW

MEMBER	NON-MEMBER				
	MON.	TUES.	WED.	THURS.	SAT.

PRE-SCHOOL

PRESCHOOL A
 PRESCHOOL B
 PRESCHOOL C
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PARENT & TOT

PARENT & TOT 1
 PARENT & TOT 2
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6 YEARS and ABOVE

SWIMMER 1
 SWIMMER 2
 SWIMMER 3
 SWIMMER 4
 SWIMMER 5
 SWIMMER 6
 SWIMMER 7 (ROOKIE)
 SWIMMER 8 (RANGER)
 SWIMMER 9 (STAR)

ADULT LESSONS

BEGINNER - TUESDAY
 ADVANCED - TUESDAY
BRONZE PROGRAMS
 BRONZE STAR
 BRONZE MEDALLION
 BRONZE CROSS

JUNIOR SWIM CLUB

**TURN OVER FORM FOR
 SIGNATURE/CONSENT &
 ALLERGIES/MEDICAL CONDITIONS**



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. In addition classed may be delayed or extended past the original start and/or end date due to unforeseen circumstances. 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. All visitors are expected to follow the facility rules and regulations when on premises. Columbus Centre does not assume responsibility for you, your child or guests during the lesson. Children must be supervised by an adult (in water if younger than 13 yrs. or who did not complete a deep end test.)

ALLERGIES/MEDICAL CONDITIONS: _____

Parent/Guardian (Signature):

Name _____

Emergency Contact Number: _____

Date: _____