

Hants Aquatic Centre Registration Form

Program: Aquafit Lane Swim OR Lessons (Please circle one)

PARTICIPANT GENERAL INFORMATION

NAME: _____ AGE: _____

MAILING ADDRESS: _____

CIVIC ADDRESS: _____

E-MAIL ADDRESS: _____

TEL. # (HOME) _____ (OTHER): _____

SPECIAL HEALTH CONSIDERATIONS and/or ADDITIONAL NOTES: _____

IF REGISTERING FOR LESSONS, DOES YOUR CHILD REQUIRE AN EDUCATIONAL ASSISTANT (EA) AT SCHOOL

YES NO (Please circle one)

LESSONS ONLY (To be filled out by HAC Staff)

- | | |
|--|------------------|
| <input type="radio"/> Option 1: Monday to Friday | Session: 1 2 3 4 |
| <input type="radio"/> Option 2: Mon/Wed | Level: |
| <input type="radio"/> Option 3: Tues/Thurs | Time: |
| <input type="radio"/> Option 4: Saturday | |

EMERGENCY CONTACTS (PARENT, GUARDIAN, and OTHER)

NAME: _____ NAME: _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

OTHER PHONE: _____ OTHER PHONE: _____

RELATIONSHIP TO PARTICIPANT: _____ RELATIONSHIP TO PARTICIPANT: _____

I, THE ABOVE-NAMED CANDIDATE FOR THE PROGRAM SELECTED ABOVE, ASSUME ALL RISKS & HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THE PROGRAM.

IT IS UNDERSTOOD AND AGREED THAT THERE IS RISK IN ANY PROGRAM, AND THE TOWN OF WINDSOR, ITS STAFF, ITS PROFESSIONAL AND NON-PROFESSIONAL VOLUNTEERS, AND ITS SPONSORS ARE IN NO WAY RESPONSIBLE FOR THE DAMAGE TO, OR LOSS OF PROPERTY, INJURY OR DEATH TO PARTICIPANTS.

I, THE UNDERSIGNED, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE THE TOWN OF WINDSOR, THEIR SUCCESSORS AND ASSIGNS, OF AND FROM ALL MANNER OF ACTIONS, CAUSES OF ACTION, DEBTS, ACCOUNTS, COVENANTS, CONTRACTS, CLAIMS AND DEMANDS WHICH I EVER HAD, NOW HAVE OR MAY HAVE, OR WHICH, MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS, OR ANY ANY OF THE HEREINAFTER CAN, SHALL OR MAY HAVE, FOR ANY REASON OF ANY CAUSE, MATTER OR THING WHATSOEVER.

I, THE UNDERSIGNED, FURTHER AGREE TO INDEMNIFY AND SAVE HARMLESS TO THE TOWN OF WINDSOR, ITS STAFF AND ITS PROFESSIONAL AND NON-PROFESSIONAL VOLUNTEERS AND ITS SPONSORS FROM ALL CLAIMS, INCLUDING COSTS ON A SOLICITOR AND CLIENT BASIS, ARISING FROM ANY LOSS, INJURY OR DEATH SUFFERED BY ME ARISING OUT OF PARTICPATING IN ANY RECREATIONAL PROGRAM OF THE TOWN OF WINDSOR.

I GRANT PERMISSION TO THE USE OF PHOTOGRAPHS OF THE ABOVE-NAMED CANDIDATE IN MEDIA ACCOUNTS AND PROMOTION FOR THE TOWN OF WINDSOR RECREATION DEPARTMENT YES NO

DATE: _____ SIGNATURE: _____

(Guardian or parent if participant is under 19)

Refunds for all Hants Aquatic Centre Programs will be subject to a \$5.00 cancellation fee

Office Use Only	Method of Payment: _____	Receipt #: _____
Amount Paid	Rec'd by: _____	Date: _____