

2019 SUMMER SWIMMING CAMP REGISTRATION FORM

Participant Name: _____ F / M Date of Birth: _____

Swimming experience: _____

Any allergies? _____

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Swimming experience: _____

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Contact information:

Parent/Guardian Name: _____

Address: _____

Home #: _____ Cell#: _____

Email Address: _____

Emergency contact person: _____ Phone #: _____

Half Day Camp \$289 + HST, 4 Days week \$239 + HST (AM) 9am - 12pm

Early Bird Discount 10% off, Register before March 31, 2019.

- | | |
|--|--|
| <input type="radio"/> Week 1: July 2 - July 5 (4 days) | <input type="radio"/> Week 6: Aug 6 - Aug 9 (4 days) |
| <input type="radio"/> Week 2: July 8 - July 12 | <input type="radio"/> Week 7: Aug 12 - Aug 16 |
| <input type="radio"/> Week 3: July 15 - July 19 | <input type="radio"/> Week 8: Aug 19 - Aug 23 |
| <input type="radio"/> Week 4: July 22 - July 26 | <input type="radio"/> Week 9: Aug 26 - Aug 30 |
| <input type="radio"/> Week 5: July 29 - Aug 2 | Total amount: _____ |

Waiver: I recognize that risk of injury of potential health risk may be involved in participation in the swimming program / activity. I hereby release, waive and discharge the operator, instructors and employees of Dolphin Swim School of and from all claims, demands, damages costs and actions whatsoever and howsoever caused, arising or to arise by reason of my participation in the swimming program or any of its associated activities. Publicity consent: I give permission for any photo images/videos of my child to be used for promotional purposes on displays presentation, flyers, our swim school website, our swim school social media account and bulletin boards.

Parent / Guardian signature

Date