

Swim Time Registration Form

Current clients complete * items only, new clients please complete form

Family Name _____ ***Home #*** _____

Mother's Name _____ **Father's Name** _____

Cell # () _____ OR () _____

Address _____

City _____ Postal Code _____

Email Address _____

Circle the Following

Season: Fall Winter Spring Summer

Location: Woodbridge Thornhill Pickering

Notes:

Participants	<u>DOB</u>	<u>Level</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ALL PARTICIPANTS UNDER THE AGE OF 4 MUST WEAR A SWIM NAPPY

Day Request	<u>Time</u>	
1. _____	_____	Prefer kids @ different times <input type="checkbox"/>
2. _____	_____	
3. _____	_____	

Emailed

Advanced courses

BRONZE:	WSI:	NL:
<input type="checkbox"/> Need Book	<input type="checkbox"/> 15 years	<input type="checkbox"/> 16 years
	<input type="checkbox"/> Copy of BC	<input type="checkbox"/> Copy of BC
		<input type="checkbox"/> Copy of SFA

Entered

<u>Office Use Only</u>	Full Year?
Deposit Amount \$ _____	
Registration # _____	
Account # _____	
Payments: Visa Mastercard Cheque # _____ Cash Debit	
Card # _____ Expiry _____	