



Township of South Stormont

200_

AQUATICS REGISTRATION FORM

PARENT/GUARDIAN INFORMATION:

Name: _____ City/Town: _____

Address: _____ Postal Code: _____ P.O. Box: _____

Home Phone #: _____ Work Phone #: _____

PARTICIPANT INFORMATION:

1. Name: _____ DOB (dd/mm/year): ___/___/___ Level: _____

2. Name: _____ DOB (dd/mm/year): ___/___/___ Level: _____

3. Name: _____ DOB (dd/mm/year): ___/___/___ Level: _____

4. Name: _____ DOB (dd/mm/year): ___/___/___ Level: _____

5. Name: _____ DOB (dd/mm/year): ___/___/___ Level: _____

Do any of the above candidates have any allergies, disabilities or medical problems that the staff should be made aware of?: _____

CLUBS/TEAMS: Swim Team Synchro Diving Other: _____

WAIVER CLAIM:

I hereby release the Corporation of the Township of South Stormont all the above information and claims for damages and/or injuries arising from the participation in the activity/league stated above.

Parent/Guardian Signature: _____ Date (dd/mm/year): ___/___/___

FOR OFFICE USE ONLY

Total Cost: \$ _____

Date of Payment (dd/mm/year): ___/___/___

Type of Payment: Cash Cheque

Receipt #: _____

Payment Received By: _____