

# **Camp Wegesegum 2019 Swimming Lesson Registration Form**

Name of Child: First \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Medicare # \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check which lessons : Beginner \_\_\_\_\_ Beginner + \_\_\_\_\_

Circle Session Choice            July 1 – 12    OR    July 22- August 2

Has the child had previous lessons before? Y / N

Does the child have a fear of water? Y / N

Please indicate below if the participant has any medical issues or medication requirements that should be aware of (ex: diabetes, epilepsy, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Rates: Pool Pass Members: \$25.00 per child

Non-Members: \$50.00 per child

Fee Paid \_\_\_\_\_

Photograph Release Declaration: Please read and sign

(PLEASE PRINT) I \_\_\_\_\_, parent/legal guardian of child, \_\_\_\_\_ grant Camp Wegesegum the right to take photographs of the named participant. I authorise Camp Wegesegum to copyright, use and publish these photographs in print and/or electronically. I agree that Camp Wegesegum may use such photographs of the named participant with or without identification for any lawful purpose, including publicity, illustration, advertising and one of the relevant online websites.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_