

Camp Wegesegum 2020 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: _____

Beginner Swim Lessons only Tuesday evenings 5-6pm Cost \$50

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.)

Cost: \$50

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: _____