



2017 TOWN OF GRENFELL RED CROSS SWIMMING LESSON REGISTRATION FORM

PART A: PARTICIPANT'S INFORMATION

Last Name: _____ First Name: _____
 Birthdate: D _____ M _____ Y _____ Sex (circle one): M or F
 Street Address: _____ PO Box #: _____
 City/Town: _____ Postal Code: _____
 Medical Info. /Allergies: _____

PART B: PROGRAM SELECTION

Red Cross Preschool Classes: (Please Check Selection)

		July 3rd-July 7th	July 10th-July 21st	July 24th-July 28th	July 31st-August 11th	
Parented Classes	Price					
<input type="checkbox"/> Star sh - 4-12 months	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Duck – 12-24 months	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Seaturtle – 24-36 months	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unparented Classes	\$60.00					
<input type="checkbox"/> Sea Otter – Ages 3-5	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Salamander – Ages 3-5	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sun sh - Ages 3-5	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Crocodile – Ages 3-5	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Whale – Ages 3-5	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Red Cross Swim Kids Classes: (Please Check Selection)

	Price	July 3rd-July 7th	July 10th-July 21st	July 24th-July 28th	July 31st-August 11th	
<input type="checkbox"/> Level 1 – Ages 5+	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Level 2 (earned Level 1)	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Level 3 (earned Level 2)	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Level 4 (earned Level 3)	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Level 5 (earned Level 4)	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Level 6 (earned Level 5)	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Level 7 (earned Level 6)	\$75.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Level 8 (earned Level 7)	\$75.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Level 9 (earned Level 8)	\$75.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Level 10 (earned Level 9)	\$75.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total Registration \$

PART C: FAMILY INFORMATION

Mother's Name: _____ E-mail: _____
Cell Number: _____ Alternative: _____
Father's Name: _____ E-mail: _____
Cell Number: _____ Alternative: _____
Participant lives with Mother Father Both Other

PART D: EMERGENCY CONTACT – other than Parent/Guardian

Contact Name: _____
Relationship: Daycare Provider Relative Friend
Cell Number: _____ Alternative contact #: _____
Participant's Physician: _____ Phone Number: _____

PART E: CONSENT

Participant Waiver: This signed consent form allows my child to participate in all supervised activities listed on this registration form. The Town of Grenfell and its employees are not responsible for any claim, loss, injury or damage to persons or to property suffered during supervised activities.

Parent/Guardian Initials: _____

Photo Release: I give the Town of Grenfell permission to photograph my child; and to use these photographs for display and in any future promotional materials and website content without compensation.

Parent/Guardian Initials: _____

Our Privacy Commitment: The Town of Grenfell is committed to protecting your privacy. The personal information contained on this form is collected by the Town of Grenfell for the purpose of administering recreational programs. It will be kept secured and confidential and will be used only by administrative and program staff. The information will also be used to inform the registrants of any future programs similar to those registered for.

Parent/Guardian Signature: _____ Date: _____

PART F: PAYMENT INFORMATION

Method of payment: Cash Cheque Credit Card Online
Name on Card: _____
Credit Card #: _____
Expiry Date: MONTH ____/YEAR ____
Cheque #: _____

**Please return this form: Attn: Community Development Coordinator,
Town of Grenfell, PO Box 1120, Grenfell, SK S0G 2B0 or in person at 800 Desmond Street.**