

# Municipality of Arran Elderslie Program Registration Form



Registrations will be accepted on or after May 17th 2021

By e-mail: [programs@arran-elderslie.ca](mailto:programs@arran-elderslie.ca)

Or by drop off to the Municipal Office.

Location: Chesley or Tara	Swim Level/Program Name:	Session Preference:		AM OR PM
		1		
		2		
		3		
		4		
If under Swimmer 4, the following person will accompany my child in the water:				
NAME:		AGE:		
<b>PARTICIPANT INFORMATION</b>				
Last Name:		First Name:		DOB:
Residential Address:		PO Box	Phone Number:	
Mailing Address:		Town:	Postal Code:	
Doctor:		Health Card #:		
Allergies: Health concerns: Medications:				
<b>FOR CHILD REGISTRATION ONLY</b>				
Guardian Name:				
Phone:		<u>e-mail:</u>		
<p style="text-align: center;">I UNDERSTAND THAT ALL PUBLIC HEALTH GUIDELINES WILL BE FOLLOWED, AND SHOULD FURTHER RESTRICTIONS BE PUT IN PLACE THIS PROGRAM MAY BE CANCELLED. I UNDERSTAND THAT MY CHILD WILL BE SCREENED DAILY, AND SHOULD ANY COVID 19 SYMPTOMS PRESENT, MY CHILD WILL NOT BE PERMITTED TO PARTICIPATE. NO REFUNDS WILL BE GIVEN. I UNDERSTAND THAT I AM LISTING MY PREFERENCE OF SESSION AND TIME, BUT NOT ALL LEVELS WILL BE OFFERED IN EACH SESSION. I UNDERSTAND THAT CHANGEROOMS MAY NOT BE AVAILABLE FOR USE.</p>				
<b>ALTERNATE EMERGENCY CONTACT (other than guardian)</b>				
Name:			Phone:	
<b>PHOTO RELEASE (Please initial)</b>				
I agree that The Municipality of Arran Elderslie may use photographs of me, my children, and/or my property with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Please initial YES _____ or NO _____.				
<b>ACCIDENT RELEASE AND SIGNATURE</b>				
Accident Release: I _____ hereby declare that I will NOT hold the coaches, instructors or the Municipality of Arran Elderslie Recreation Department responsible for any accident that might occur during my or this child's participation in this program.				
Signature:			Date:	