

## 2024 MARCH BREAK SWIMMING CAMP REGISTRATION FORM

Participant Name: \_\_\_\_\_ F / M Date of Birth: \_\_\_\_\_

Swimming experience: \_\_\_\_\_

Any allergies? \_\_\_\_\_

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Swimming experience: \_\_\_\_\_

Any allergies? \_\_\_\_\_

### Contact information:

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

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

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Half Day Camp \$438 + HST

March 11, 2024 - March 15, 2024 9am - 12pm

Total amount: \_\_\_\_\_

We accept Cash, or Cheque payable to "Dolphin Swim School Corp" or email transfer (EMT) to [dolphinswimschool101@gmail.com](mailto:dolphinswimschool101@gmail.com)

Waiver: I recognize that risk of injury of potential health risk may be involved in participation in the swimming program / activity. I hereby release, waive and discharge the operator, instructors and employees of Dolphin Swim School of and from all claims, demands, damages costs and actions whatsoever and howsoever caused, arising or to arise by reason of my participation in the swimming program or any of its associated activities. Publicity consent: I give permission for any photo images/videos of my child to be used for promotional purposes on displays presentation, flyers, our swim school website, our swim school social media account and bulletin boards.

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date