

2024 SUMMER 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 9am - 12pm

CAMP 1: July 2 - July 5 (4days) CAMP 2: July 8 - July 12 CAMP 3: July 15 - July 19

CAMP 4: July 22 - July 26 CAMP 5: July 29 - Aug 2 CAMP 6: Aug 5 - Aug 9

CAMP 7: Aug 12 - Aug 16 CAMP 8: Aug 19 - Aug 23 CAMP 9: Aug 26 - Aug 30

**10% Early Bird Discount if registered and paid in full before March 31, 2024.*

Total amount: _____

We accept Cash, or Cheque payable to "Dolphin Swim School Corp" or email transfer (EMT) to 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