## 2023 MARCH BREAK SWIMMING CAMP REGISTRATION FORM

Participant Name:	F/M	Date of Birth:
Swimming experience:		
Any allergies?		
Participant Name:	F/M	Date of Birth:
Swimming experience:		
Any allergies?		
Contact information:		
Parent/Guardian Name:		
Address:		
Home #:	Cell#:	
Email Address:		
Emergency contact person: Phone		
Half Day Camp \$438 + HST  O March 13 - March 17 9am -  Total amount:	·	
We accept Cash, or Cheque payable to "Do dolphinswimschool101@gmail.com		rp" or email transfer (EMT) to
Waiver: I recognize that risk of injury of poswimming program / activity. I hereby release of Dolphin Swim School of and from all claim howsoever caused, arising or to arise by reast associated activities. Publicity consent: I givused for promotional purposes on displays presocial media account and bulletin boards.	se, waive and discharge s, demands, damages c son of my participation e permission for any p	the operator, instructors and employees osts and actions whatsoever and in the swimming program or any of its hoto images/videos of my child to be
Parent / Guardian signature		 Date