



**SESSION** \_\_\_\_\_

**GENERAL INFORMATION**

Name of Participant \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_\_ (DD/MM/YYYY)

Name of Parent/Guardian \_\_\_\_\_

Address (including 9-1-1 number) \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Work) \_\_\_\_\_

Email Address (For Sea-Mail Purposes) \_\_\_\_\_

How did you learn about registration? \_\_\_\_\_

**CLASS ENROLMENT**

Last Class Passed \_\_\_\_\_

Program(s) Enrolled In \_\_\_\_\_

Date(s) of Session(s) \_\_\_\_\_

Start Time \_\_\_\_\_

Additional Information \_\_\_\_\_

**PAYMENT INFORMATION**

Date of Registration \_\_\_\_\_

Method of Payment Cash \_\_\_\_\_ Cheque \_\_\_\_\_

Amount of Payment (including HST) \_\_\_\_\_

**SIGNATURES/VERIFICATION**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Pool Staff Signature