

Allan Swimming Pool

Red Cross Swim Registration

PART A: PARTICIPANT INFORMATION

Name (First & Last)	Age	Birthday (dd/mm/yyyy)	Level	Set
1.				
2.				
3.				
4.				
5.				
6.				

Lesson Sets: Set 1 - July 3th – 14th Set 2 – July 24th – 28th Set 3 – August 7th – 11th
Bronze Course – July 31st – August 4th

Please circle Yes or No for the following questions:

4. Do any of your children have allergies? Yes No
 If yes, please list:

5. Do any of your children require an Epi-Pen? Yes No

PART B: PARENT CONTACT INFORMATION

Parent Name(s): _____
Home Address: Box: _____ Town/City: _____ Postal Code: _____
Phone Numbers:
 Home: _____ Cell: _____ Work: _____
Emergency Contact Name: _____ Relationship _____
 Phone Number: _____

PART C: PAYMENT **FOR OFFICE USE ONLY**

Swimming Level	Member Fee	Non-Member	TOTAL
Starfish - Sea Turtle (Parent/tot)	Member Fee: ___ x \$45	Fee: ___ x \$50	
Sea Otter – Whale (No parent)	Member Fee: ___ x \$45	Fee: ___ x \$50	
Level 1 – 3	Member Fee: ___ x \$45	Fee: ___ x \$50	
Level 4 – 6	Member Fee: ___ x \$60	Fee: ___ x \$65	
Level 7-10	Member Fee: ___ x \$70	Fee: ___ x \$75	
Private	Member Fee: ___ x \$___	Fee: ___ x \$___	

Total Amount _____

Method of Payment: CASH CHQ DEBIT
Receipt #: _____ **Receipt Issuer Initial:** _____
Date: _____