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 Fee	TOTAL
Starfish - Sea Turtle (Parent/tot)	Member Fee: ____ x $55	Fee: ____ x $65	
Sea Otter – Whale (No parent)	Member Fee: ____ x $55	Fee: ____ x $65	
Level 1 – 3	Member Fee: ____ x $55	Fee: ____ x $65	
Level 4 – 6	Member Fee: ____ x $70	Fee: ____ x $80	
Level 7-10	Member Fee: ____ x $80	Fee: ____ x $90	
Private ($80 + level price)	Member Fee: ____ x $____	Fee: ____ x $_____	

Please make cheques payable to **Town of Allan**.

Total Amount _____

Method of Payment: CASH CHQ DEBIT

Receipt #: _____ **Receipt Issuer Initial:** _____

Date: _____