



2021 MUNICIPALITY OF CENTRAL MANITOULIN SWIMMING PROGRAM REGISTRATION

DATE: _____

NAME (S): 1. _____ AGE: _____

2. _____ AGE: _____

3. _____ AGE: _____

ADDRESS: _____

PHONE NUMBER: _____

LAST BADGE RECEIVED:

1. _____

2. _____

3. _____

Please indicate any medical or physical disability that may affect your swimming:

I hereby relieve the supervisors and organizers of this swimming program of any responsibility regarding any and all injuries that may arise during the course of these instructions.

Name of Parent or Guardian
(Please Print Name)

Signature of Parent or Guardian

Date: _____

Payment Amount \$ _____

Please check here if payment is received

Children ages 5 and under - First Child -\$35.00, Each additional child per family -\$25.00
Children ages 6 and up - First Child -\$40.00, Each additional child per family -\$30.00