

# REGISTRATION FORM

(Prospect)



Swimmer's Name \_\_\_\_\_ Group \_\_\_\_\_ Prospect \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(month) (day) (year)

Address \_\_\_\_\_ City \_\_\_\_\_  
(street number) (street) (postal code)

Home Ph# \_\_\_\_\_ Business Ph# \_\_\_\_\_ Cell Ph# \_\_\_\_\_

Email \_\_\_\_\_  
(please, write clearly)

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

## Program cost

\$ \_\_\_\_\_ per 10 week session

## Payment plan

Fall Session	Winter Session	Spring Session
Chq# _____ Fee _____	Chq# _____ Fee _____	Chq# _____ Fee _____
Dated _____	Dated _____	Dated _____

## 2<sup>nd</sup> swimmer

10% discount \$ \_\_\_\_\_ (if applicable) 2<sup>nd</sup> swimmer fee: \$ \_\_\_\_\_

Fall Session	Winter Session	Spring Session
Chq# _____ Fee _____	Chq# _____ Fee _____	Chq# _____ Fee _____
Dated _____	Dated _____	Dated _____

## Training Schedule

Monday 5:15 - 6:15 pm

## Signature

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_