



SWIM LESSONS REGISTRATION

FOR OFFICE USE ONLY

KIDTRAX ID #: _____

MEMBERSHIP #: _____

ACCESS #: _____

EXPIRY: _____

CHILD 1

Name: _____ Date of Birth: _____ / _____ / _____
FIRST LAST DAY MONTH YEAR

Age: _____ Sex: Male Female Is your child a current member? Yes No **If not, please fill out the last two pages.**

Note: Times of classes may change or be cancelled if less than six children are registered per class. THERE ARE NO REFUNDS.

SEASON	LEVEL	DAY & TIME	FOR OFFICE USE ONLY				
			AMOUNT PAID	RECEIPT #	PAID BY	DATE	RECEIVED BY
FALL SESSION							
WINTER SESSION							
SPRING SESSION							
SUMMER SESSION 1							
SUMMER SESSION 2							
SUMMER SESSION 3							
SUMMER SESSION 4							

CHILD 2

FOR OFFICE USE ONLY

KIDTRAX ID #: _____

MEMBERSHIP #: _____

ACCESS #: _____

EXPIRY: _____

Name: _____ Date of Birth: _____ / _____ / _____
FIRST LAST DAY MONTH YEAR

Age: _____ Sex: Male Female Is your child a current member? Yes No **If not, please fill out the last two pages.**

Note: Times of classes may change or be cancelled if less than six children are registered per class. THERE ARE NO REFUNDS.

SEASON	LEVEL	DAY & TIME	FOR OFFICE USE ONLY				
			AMOUNT PAID	RECEIPT #	PAID BY	DATE	RECEIVED BY
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SPRING SESSION							
SUMMER SESSION 1							
SUMMER SESSION 2							
SUMMER SESSION 3							
SUMMER SESSION 4							



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CHILD 3

Name: _____ Date of Birth: _____ / _____ / _____
FIRST LAST DAY MONTH YEAR

Age: _____ Sex: Male Female Is your child a current member? Yes No **If not, please fill out the last two pages.**

Note: Times of classes may change or be cancelled if less than six children are registered per class. THERE ARE NO REFUNDS.

SEASON	LEVEL	DAY & TIME	FOR OFFICE USE ONLY				
			AMOUNT PAID	RECEIPT #	PAID BY	DATE	RECEIVED BY
FALL SESSION							
WINTER SESSION							
SPRING SESSION							
SUMMER SESSION 1							
SUMMER SESSION 2							
SUMMER SESSION 3							
SUMMER SESSION 4							

CHILD 4

FOR OFFICE USE ONLY	
KIDTRAX ID #:	_____
MEMBERSHIP #:	_____
ACCESS #:	_____
EXPIRY:	_____

Name: _____ Date of Birth: _____ / _____ / _____
FIRST LAST DAY MONTH YEAR

Age: _____ Sex: Male Female Is your child a current member? Yes No **If not, please fill out the last two pages.**

Note: Times of classes may change or be cancelled if less than six children are registered per class. THERE ARE NO REFUNDS.

SEASON	LEVEL	DAY & TIME	FOR OFFICE USE ONLY				
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SUMMER SESSION 2							
SUMMER SESSION 3							
SUMMER SESSION 4							



SWIM LESSONS REGISTRATION

Address: _____
STREET # AND NAME CITY POSTAL CODE

Home Phone Number: _____ Alternate Phone Number: _____

E-mail Address: _____

School Name: _____ Grade Level Child 1: _____ Grade Level Child 2: _____ Grade Level Child 3: _____ Grade Level Child 4: _____

ETHNIC BACKGROUND

- Asian, Specify: _____
- European, Specify: _____
- Middle Eastern, Specify: _____
- Caribbean
- Spanish
- Caucasian
- African-Canadian
- Aboriginal
- Specify: _____

Does your child(ren) have any Medical, Physical or Emotional concerns that we should know about? i.e. ADHD emotional outbursts, allergies, or any other conditions where extra attention may be required. Please give details:

Doctor's Name: _____ Doctor's Phone Number: _____

List any Medication your child(ren) is taking: _____

Health Card # (Child 1): _____ Health Card # (Child 2): _____

Health Card # (Child 3): _____ Health Card # (Child 4): _____

Do you give consent to the Boys & Girls Club to use your child(ren)'s name and photo for public purposes? Yes No

List anyone who is **NOT ALLOWED** to pick up your child(ren): _____
NAME AND RELATIONSHIP TO CHILD(REN)

FAMILY INFORMATION

Parent(s) Marital Status:	Other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>
Child(ren) lives with:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Mother and Step Father <input type="checkbox"/> Father and Step Mother <input type="checkbox"/> Grandparent (s) <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/ Brother <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Number of Sisters / Step Sisters: _____ Number of Brother / Step Brothers: _____ Number of People in Household: _____	
Family Setting:	One Parent Family <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____

SWIM LESSONS REGISTRATION

FATHER / STEP FATHER / GUARDIAN

Name: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____
 Cell #: _____
 Email: _____

MOTHER / STEP MOTHER / GUARDIAN

Name: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____
 Cell #: _____
 Email: _____

EMERGENCY CONTACTS (people that do not live in the home)

Emergency Contact 1: _____

First Name	Last Name	Relationship
_____	_____	_____
Home Phone #	Work Phone #	Cell Phone #
_____	_____	_____

Emergency Contact 2: _____

First Name	Last Name	Relationship
_____	_____	_____
Home Phone #	Work Phone #	Cell Phone #
_____	_____	_____

General Waiver:

I, the undersigned, the parent/guardian of the above named child do hereby consent to this child's participation in the Boys and Girls Club of London's programs. I acknowledge that participation in these programs involves light to vigorous activity and includes the possibility of injury. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the above named child is safe from further injury. I am aware of no physical or other reasons why this child should not participate in club programs and related club functions. The risk of sustaining injuries results from the nature of the activity and can occur without any fault of either the Member, or the Club, its employees/agents or the facility where the activity is taking place.

By choosing to take part in this activity, I am accepting the risk that my child may be injured. The Boys and Girls Club of London does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in this activity. In consideration of the Boys and Girls Club of London allowing this child to participate in club programs, **I agree to waive and release Boys and Girls Club of London, its employees, volunteers, directors and agents (the "Releasees") from all claims for damages, injury or loss that may arise as a result of my child's participation in programs, including those arising from the Releasees own negligence (i.e. a failure to take reasonable care).** I will impress upon the child the importance of following club rules, regulations and instructors' directions.

I have read the completed application; understand the rules of the Boys' & Girls' Club and request that my son/ daughter be admitted into swim lessons. I have explained the rules to my son / daughter and agree that the Boys' & Girls' Club will not be responsible for any accident to the boy / girl while on the premises or while engaged in any activities away from the Club.

 Parent / Guardian Signature

 Date