	Registration Form
	Name:
1 ⁸	Address:
	Email:
× /	Telephone:
	Cell Phone:
1	Birth date:
1 miles	Health Card #:
ŵ,	Parents or Guardians Name:
	Emergency Contact:
ð	Registered Level:
	Special Medical Condition or Known Allergies:
, ^R	
, , ,	
í	

OFFICE USE ONLY PLEASE

Amount Paid:

Cheque: ___ Cash:____

Amount owed:

Township of Macdonald, Meredith and Aberdeen Additional

Presents

SWIM PROGRAM 2020



An Exciting Summer Experience



SIGN UP DEADLINE: June 19, 2020

DEPARTURE: 9:55 AM SPORTSPLEX BY AJ BUS LINES TO JOHN RHODES POOL 45 MINUTES OF INSTRUCTION (10:30 – 11:15 am) JULY 6 - 10 & JULY 13 – 17

RETURN: Approximately 12:15 pm BACK TO THE SPORTSPLEX



COST: \$100

If you have any questions please contact Cindy at 705-248-1166 or email me at "<u>cfindlay@ontera.net</u>".

> The Township of Macdonald, Meredith and Aberdeen Additional 208 Church Street, P.O. Box 173 Echo Bay, ON POS 1C0 www.echobay.ca



I, the undersigned (legal parent/guardian) in registering for this Program, agree to abide and be governed by all its prescribed by-laws, rules, regulations, policies, principles and philosophies. I certify the child registered here to be physically fit for participation in the program and acknowledge full risk related to the program. I understand that any information collected on this form will be used for the Recreation Program only and will not be passed on to any third parties. I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Township of Macdonald, Meredith and Aberdeen Additional and its representatives, successors and assigns for any and all injuries suffered by myself or my child as part of the 2020 Swim Program. I hereby authorize my child's involvement in the Township of Macdonald, Meredith and Aberdeen Additional Summer Swim Program for 2020:

Parent/Guardian Signature

Date