



**City of Selkirk**  
*Community Services*  
**2010 Swimming Lesson Registration Form**

Please select one (or more):

Session 1: July 5<sup>th</sup> to July 16<sup>th</sup>, 2010  
Session 2: July 19<sup>th</sup> to July 30<sup>th</sup>, 2010  
Session 3: August 2<sup>nd</sup> to August 13<sup>th</sup>, 2010

Evening \_\_\_  
Afternoon \_\_\_ Evening \_\_\_  
Evening \_\_\_

Red Cross Pre-School (Under 6) \_\_\_\_\_

Red Cross Swim Kids (6+ years) \_\_\_\_\_

Level: \_\_\_\_\_

Time: \_\_\_\_\_

Cost: \$45

**\*\* Please bring swim card from previous lesson to the first class at Selkirk Park Pool \*\***

**PERSONAL INFORMATION**

Swimmer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Guardian(s): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Relation to swimmer: \_\_\_\_\_ Phone number: \_\_\_\_\_

**HEALTH INFORMATION**

Physician: \_\_\_\_\_ Physician's Number \_\_\_\_\_

Medical Number: \_\_\_\_\_ Personal Number: \_\_\_\_\_

Does the swimmer have any health conditions that the instructor should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that due to the nature of the lessons, them being held at an outdoor facility, lessons may be changed/cancelled due to inclement weather.

<b>Office use only:</b>	<b>Paid</b>	<b>Cash or Cheque No.</b>	<b>Receipt No.</b>
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## City of Selkirk

### Informed Consent Agreement

I/we, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from ones actions, or the actions or in-actions of others or a combination of both. I agree that medical treatment may be given to my child in case of an accident or emergency.

I/we understand that the rules and regulations are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations.

I/we understand that certain activities require a minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity of participating in these activities.

I/we hereby agree that the City of Selkirk and/or its employees, servants, or agents shall not be liable for any injury to any person or loss or damage to personal property arising from, or in any way resulting from my or my child's participation in these activities, unless such injury, loss or damage is the direct result of negligence of the City of Selkirk or its employees, servants or agents while acting within the scope of their duties.

I/we declare the I/we have read and understood the above Informed Consent Agreement in its entirety and hereby consent to participate acknowledging all of the foregoing.

\_\_\_\_\_  
Name of parent/legal guardian

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date