

CLARESHOLM RECREATION
 P.O. BOX 1000, CLARESHOLM AB, TOL OTO
 Swimming Pool 403-625-2172 Email: rec@clareholm.ca

CONDITIONS OF REGISTRATION
 (please read and sign below where indicated.)

- Cash payment must accompany all registrations.
- We do not accept cheques, as per Town policy, with the exception of registration fairs, KidSport, and other known community groups.
- All programs are subject to cancellations if registration is inadequate. Participants will be notified by phone, and full refund issued.
- A CANCELLATION FEE of \$10.00 will be charged on all refund requests.
- After a class has commenced, refund requests will only be accepted for serious medical reasons and must be accompanied by a medical certificate. Refunds will be pro-rated according to the number of classes elapsed. A serious medical reason is defined as "illness or injury that prohibits the participant from completing the course."
- There will be no other refunds.
- I am aware that it is a condition of participation in an activity and/or program provided by the Town of Claresholm Recreation Department, that the participant does so at his or her sole risk and that the Town of Claresholm is not liable for any loss, damage, injury or ambulance service resulting from or in connection with such participation.
- If, for any reason your child refuses to participate in their class, you will be asked to fill out a refund form or register in a different class.
- To ensure the safety of all participants in our programs, Lifeguards or Instructors may require parents or guardians provide assistance or an aide of 14 years or older for the registrant.

Print Name _____

Signature _____

FOR OFFICE USE ONLY	
AMOUNT RECEIVED \$ _____	
<input type="checkbox"/> CASH	<input type="checkbox"/> E-TRANSFER
<input type="checkbox"/> M/C	<input type="checkbox"/> VISA
<input type="checkbox"/> DEBIT	
<input type="checkbox"/> KIDSPORT	<input type="checkbox"/> CHQ # _____
	STAFF INITIALS _____

PLEASE PRINT FIRMLY, COMPLETE ONE FORM PER PERSON BEING REGISTERED

NAME: _____ DATE _____
Last name First name

MALE FEMALE AGE/DATE of BIRTH _____
(if under 18 yrs)

STATE MEDICAL PROBLEM(S): if any _____

MAIL ADDRESS _____

TOWN _____ POSTAL CODE _____

PHONE: (Res) _____ (Bus.) _____

EMAIL: _____

RECREATION DISTRICT (check one)

Claresholm Stavely Fort MacLeod Nanton
 Granum Rural Other _____

OFFICE USE ONLY

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

DAY(S): Mon Tues Wed Thurs Fri
 Sat Sun

COMMUNITY RECREATION: _____

COURSE: Preschool 1 Swimmer 1 Rookie
 Preschool 2 Swimmer 2 Ranger
 Preschool 3 Swimmer 3 Star
 Preschool 4 Swimmer 4 Bronze Star
 Preschool 5 Swimmer 5 Private Lesson
 LS ID _____ Swimmer 6 JLC

Advanced Aquatics: _____ Other: _____