

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

1. Cash or cheque payable to the Town of Claresholm must accompany all registrations. Post dated cheques will not be accepted.
2. All programs are subject to cancellations if registration is inadequate. Participants will be notified by phone, and full refund issued.
3. A CANCELLATION FEE of \$10.00 will be charged on all refund requests.
4. 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."
5. There will be no other refunds.
6. 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.
7. 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.

Participant's Signature

Parent's Signature
(if under 18 yrs)

FOR OFFICE USE ONLY	
AMOUNT RECEIVED \$	_____
<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE
<input type="checkbox"/> M/C	<input type="checkbox"/> VISA
<input type="checkbox"/> DEBIT	
STAFF INITIALS	_____

CLARESHOLM AQUATIC CENTRE
P.O. BOX 1000, CLARESHOLM AB, T0L 0T0
Swimming Pool 625-2172

PLEASE PRINT FIRMLY, COMPLETE ONE FORM PER PERSON BEING REGISTERED

NAME: _____ DATE _____
Last name First name

MALE FEMALE

MAIL ADDRESS _____

TOWN _____ POSTAL CODE _____

RECREATION DISTRICT (check one)

Claresholm Stavelly
 Granum Rural Other _____

PHONE: (Res) _____ (Bus.) _____

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

STATE MEDICAL PROBLEM(S): if any _____

	OFFICE USE ONLY		SESSION DATES:
DAY(S):	Monday <input type="checkbox"/>	Friday <input type="checkbox"/>	Start Date:
	Tuesday <input type="checkbox"/>	Saturday <input type="checkbox"/>	to _____
	Wednesday <input type="checkbox"/>	Sunday <input type="checkbox"/>	End Date:
	Thursday <input type="checkbox"/>		_____

COURSE:	Preschool 1 <input type="checkbox"/>	Swimmer 1 <input type="checkbox"/>	Rookie <input type="checkbox"/>
	Preschool 2 <input type="checkbox"/>	Swimmer 2 <input type="checkbox"/>	Ranger <input type="checkbox"/>
	Preschool 3 <input type="checkbox"/>	Swimmer 3 <input type="checkbox"/>	Star <input type="checkbox"/>
	Preschool 4 <input type="checkbox"/>	Swimmer 4 <input type="checkbox"/>	Bronze Star <input type="checkbox"/>
	Preschool 5 <input type="checkbox"/>	Swimmer 5 <input type="checkbox"/>	Day Camp <input type="checkbox"/>
	Advanced	Swimmer 6 <input type="checkbox"/>	
	Aquatics: _____	Time _____	