



The Corporation of the Township of  
**NORTH KAWARTHA**  
 Swim Program Registration Form 2022

P.O. Box 550, 280 Burleigh Street  
 Apsley, Ontario K0L 1A0  
 (705) 656-4445  
 Fax: (705) 656-4446  
 Toll Free: 1-800-755-6931  
 www.northkawartha.ca

Name:	Date of Birth: dd/mm/yyyy	<input type="checkbox"/> Male <input type="checkbox"/> Female	Last Level Completed:
Address:	City:	Postal Code:	
Home Phone: ( ) -	Cell Phone: ( ) -	Cottage Phone: ( ) -	
Name of Parent/Guardian:	Emergency Contact Name:	Emerg. Contact Phone:	
Allergies/Medical Conditions (if yes, please specify): <input type="checkbox"/> No <input type="checkbox"/> Yes			E-mail address:

\*\*A Parent/Guardian must accompany participants registered in this program. Having immediate access to Health Card Number and any other pertinent medical information is recommended.

Swim Lessons (30 minute lessons): \$60 one child / \$100 two children* / \$140 three or more children* (* Multiple participant discount applicable only to immediate family) Lifesaving Society (45 to 60 minute lessons): \$130 per participant plus manual (\$50) and exam (\$50). <b>No guarantees for last minute registration. PLEASE REGISTER IN ADVANCE.</b>					Fee
Session 1 Lessons from July 05 to July 22 Mon-Fri	<input type="checkbox"/> Quarry Bay Beach	Last Minute Registration 9:00 am to 10:30 am on July 04	<input type="checkbox"/> Swim Lessons	<input type="checkbox"/> Lifesaving Society	
	<input type="checkbox"/> Chandos Beach	Last Minute Registration 11:30 am to 1:00 pm on July 04	<input type="checkbox"/> Swim Lessons	<input type="checkbox"/> Lifesaving Society	
Session 2 Lessons from July 26 – Aug. 12 Mon-Fri	<input type="checkbox"/> Chandos Beach	Last Minute Registration 9:00 am to 10:30 pm on July 25	<input type="checkbox"/> Swim Lessons	<input type="checkbox"/> Lifesaving Society	
	<input type="checkbox"/> Jack Lake	Last Minute Registration 11:30 am to 1:00 pm on July 25	<input type="checkbox"/> Swim Lessons	<input type="checkbox"/> Lifesaving Society	
Payment Rec'd:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	_____ Staff	<b>TOTAL DUE:</b>

**Waiver**

Understanding that Swimming and swim lessons may result in injury and, IN CONSIDERATION of the acceptance of my application and the permission to participate as a student in the NORTH KAWARTHA SWIM PROGRAM, I, for my self, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Corporation of the Township of North Kawartha, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE, and INDEMNITY. I WARRANT that I am physically fit to participate in this event.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age, Parent or Guardian to sign below

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purpose of registration and participation in the Township of North Kawartha Sports Program.

**PHOTO WAIVER**

I, \_\_\_\_\_, hereby give permission for the Township of North Kawartha to use any photos taken of my child during this event in publications, Township website and/or Social Media applications.

\_\_\_\_\_  
 Signature of Parent/Guardian

Please see over



# Swim Program Registration Questionnaire

**To help us determine the best program placement, please provide a brief description of the swimming ability of your child:**

Has the child ever been in the water before (lake, pool)?

If so, was this with or without floaties?

Has the child ever participated in one of our swimming programs before?

When?

Additional Information: