

Program Name: _____

Location: _____

Dates: _____ **Days & Times:** _____

***NOTE:** *A full refund will be given if the program is cancelled. Aquatic Activities will be cancelled if we have less than the minimum required participants. You will be notified on the Sunday evening prior to the start of the Activity. If you choose to cancel and require a paid refund, a \$10.00 Administration Fee will be applied. If you choose to leave refund amounts "On Account", the Administration Fee will be waived. To receive a refund, cancellation must be received no later than 2:00p.m. on the Sunday prior to the activity start date. No refund will be issued after this time.*

Participant's Name: _____ **Age:** _____

Parent/Guardian: _____ **Telephone:** _____

Address: _____ **City:** _____ **Postal Code:** _____

Does this PARTICIPANT have any health problems? YES / NO

Does this PARTICIPANT have any Allergies: YES / NO

If you have answered yes to either of the above questions, describe:

Health Problems: _____
If participant has health issues which can be brought on by physical activity (i.e. asthma/diabetes) the Instructor/Coach must be made aware of these and provided with instructions and medication or other supplies required. (i.e. asthma inhaler/food)

Allergies: List materials or products of concern: _____
Specify special instructions regarding food or materials to avoid and procedures to follow in the event of an allergic attack. I _____

IF YOU NEED MORE ROOM PLEASE USE BACK OF FORM

RELEASE FORM

In consideration of participation of the above-named participant in activities of the City of Kimberley, Leisure Services Department, I hereby agree to hold free from any and all liability the City of Kimberley, it's Aquatic Department, and its respective officers, members, and employees. I waive, release and forever discharge any and all rights and claims for damages, which I may have or which may hereafter accrue to me arising out of, or connected with myself or my child/ward's participation in any activities of the City of Kimberley and its Leisure Service Department.

I hereby declare that I/my child/ward to be physically sound, and have medical approval to participate in the activities of the City of Kimberley and its Aquatic Department.

I hereby acknowledge that I/my child/ward will be supervised **ONLY DURING THE ACTUAL LESSON ACTIVITY**, not prior to the lesson/activity, nor after, or in the change rooms.

Signature (Participant, Parent or Guardian)

Date

Clerk

Registration accepted this date.