

Lifesaving Society Swimming Lesson Registration

Registration forms and payment will be collected at the Town Office. **Registration is not complete until registration and full payment have been received.**

If you are unsure what level to register your child in, email recreation@eston.ca or call 306.962.4444

Swim Lesson Pricing Parent & Tot, Pre-School: \$35 Swimmer 1-6: \$55 Rookie, Ranger, Star: \$60

Set 1: June 16-26(excluding Fridays & Weekends) Registration Deadline: June 6, 2025

Set 2: July 14-24(excluding Fridays & Weekends) Registration Deadline: July 4, 2025

> Set 3: August 5-8 & 11-14 Registration Deadline: July 25, 2025

Participant Information

 last Name:	Last Nar		:	First Name:
Date of Birth:(month/da	Date of I	Female ase circle)	Male (Pleas	Gender:
mation	nt/Guardian Information	Parent		
 ast Name:	Last Nar			First Name:
 			ldress:	Mailing Ad
 Email:	Email:	Cellphone: _	ne:	Home phon
 Email:		Cellphone:	ne:	Home phon

Please note that these dates include weekdays Monday to Thursday only, no lessons will be held on Fridays or weekends. The Recreation Department will contact you via email with final lesson times.

Medical and Background Information

Please complete the medical form and attach it to the registration form when submitting your registration.

Consent

I understand and agree that this information is being collected for the purpose of the Lifesaving Society Swimming Lesson registration and may be used to update the participants of upcoming activities he or she may be interested in.

It is a condition of participation that the child does so at his or her own risk. The Eston & District Recreation Committee is not liable in any way for loss, damage or injury resulting from participation in this program.

I understand that it is the responsibility of the parent/guardian to keep the Recreation Director and program staff informed of any change in the above information as soon as possible. In the event of an injury, if no one can be contacted, staff may take my child to a hospital or doctor if deemed necessary. I authorize doctors and nursing staff to examine, investigate and treat my child as necessary.

I authorize release of information to the appropriate parties and photos of my child to be taken and used for promotional purposes.

Signature

Date

OFFICE USE ONLY			
Total:	Receipt:		
Staff Initials:	Date:		