



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 go to eston.ca/swimlevel or call 306.962.4444

Swim Lesson Pricing

Parent & Tot, Pre-School: \$35

Swimmer 1-6: \$55

Rookie, Ranger, Star: \$60

June 12-22, 2023 (excluding Fridays & Weekends)

Registration Deadline: June 2, 2023

PLEASE NOTE: Only 1 set of lessons offered this year and we are not able to offer private lessons.

Participant Information

First Name: _____

Last Name: _____

Gender: Male Female
(Please circle)

Date of Birth: _____
(month/day/year)

Parent/Guardian Information

First Name: _____

Last Name: _____

Relationship to Child: _____

Mailing Address: _____

Home phone: _____ Cellphone: _____ Email: _____

What swim lesson level will your child begin at: _____

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

After returning the registration form, you will receive an email containing a link to the e-Pact online medical form. **If you have completed the medical information previously, you will still be asked to ensure that all information is up to date.**

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: _____