

## **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 <a href="https://www.lifesavingsociety.com/swimming-lifesaving/swim-program/swimmer.aspx">https://www.lifesavingsociety.com/swimming-lifesaving/swim-program/swimmer.aspx</a> or call Recreation Director Garrett Turner to find what level you took last year

## **Swim Lesson Pricing**

Parent & Tot, Pre-School: \$35 Swimmer 1-6: \$55 Rookie, Ranger, Star: \$60 Private Lessons: \$80

Set 1: June 10-20, 2024 (excluding Fridays & Weekends)

Registration Deadline: May 27, 2024

Set 2: August 6-9 & 12-15, 2024 **Registration Deadline: July 22, 2024** 

# PLEASE NOTE: Private Lessons can be offered this summer. Contact Recreation Director Garrett Turner for information

**Participant Information** 

# First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: Male Female Date of Birth: \_\_\_\_\_ (Please circle) (month/day/year)

#### Parent/Guardian Information

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First Name:		Last Name:	
Relationship to Child:			
Mailing Address:			
Home phone:	Cellphone:	Email:	
What swim lesson level w	ill your child begin at:		

306-962-4444 eston.ca/pool recreation@eston.ca

### **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:		