

# 2025 REGISTRATION FORM

Courses are available for young people ages 3-14 years.

Please print, complete and sign the registration and waiver forms,

then email them to: [kanatasplashacademy@gmail.com](mailto:kanatasplashacademy@gmail.com)

We'll try our best to accommodate your requested week/time for the course.

We'll respond within 48-hours of receipt of registration and waiver forms.

Payment is due in full within 48-hours of our email to you confirming your course week and lesson times. If payment is not received we'll release the course back into available inventory.



## Choose Instruction Type

<input type="checkbox"/>	Private Instruction: \$175
<input type="checkbox"/>	Semi-Private Instruction: \$295

## Choose Payment Type

<input type="checkbox"/>	E-transfer
<input type="checkbox"/>	Cash

## Parental/Legal Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Student #1 Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Swim Level: \_\_\_\_\_

## Student #2 Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Swim Level: \_\_\_\_\_

## Choose Your Course Week

<input type="checkbox"/>	Monday July 7 to Thursday July 10
<input type="checkbox"/>	Monday July 14 to Thursday July 17
<input type="checkbox"/>	Monday July 21 to Thursday July 24
<input type="checkbox"/>	Monday July 28 to Thursday July 31
<input type="checkbox"/>	Tuesday August 5 to Friday August 8
<input type="checkbox"/>	Monday August 11 to Thursday August 14
<input type="checkbox"/>	Monday August 18 to Thursday August 21

## Make-Up Date for the Week:

Friday, July 11  
Friday, July 18  
Friday, July 25  
Friday, August 1  
Friday, August 9  
Saturday, August 15  
Friday, August 12

## Choose Your Daily Time for Lessons

<input type="checkbox"/>	10:00 AM TO 10:45 AM
<input type="checkbox"/>	11:00 AM TO 11:45 AM
<input type="checkbox"/>	12:00 PM TO 12:45 PM
<input type="checkbox"/>	1:00 PM TO 1:45 PM
<input type="checkbox"/>	2:00 PM TO 2:45 PM
<input type="checkbox"/>	3:00 PM TO 3:45 PM
<input type="checkbox"/>	4:00 PM TO 4:45 PM
<input type="checkbox"/>	5:00 PM TO 5:45 PM
<input type="checkbox"/>	6:00 PM TO 6:45 PM
<input type="checkbox"/>	7:00 PM TO 7:45 PM

Kanata Splash Academy: 342 Edgemore Cres. Kanata, ON K2W 1H8

Email: [kanatasplashacademy@gmail.com](mailto:kanatasplashacademy@gmail.com)

Mobile: 613-408-7966

## WAIVER AND RELEASE OF LIABILITY

### PLEASE READ CAREFULLY BEFORE ACCEPTING.

### THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS.

I agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. The parents/legal guardians and participant(s) of Kanata Splash Academy lessons agree to indemnify and hold harmless Kanata Splash Academy and its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the parents/legal guardians and participant(s) while participating in Kanata Splash Academy lessons. The parents/legal guardians and participant(s) also agree to indemnify Kanata Splash Academy for any damages incurred arising from any claims, demand, action or cause of action by the parents/legal guardians and participant(s). The parents/legal guardians and participant(s) authorizes any representative of Kanata Splash Academy to have the parents/legal guardians and participant(s) treated in any medical emergency during their participation in Kanata Splash Academy lessons. Further, the parents/legal guardians and participant(s) agrees to pay all costs associated with medical care and transportation for the parents/legal guardians and participant(s). I have informed Kanata Splash Academy via email to: [kanatasplashacademy@gmail.com](mailto:kanatasplashacademy@gmail.com) of any medical/health problems of which the staff should be aware of for parents/legal guardians and participant(s) participating in lessons.

### POLICIES

I have read all of the policies outlined on the Kanata Splash Academy website: <https://splashacademy.ca/policies> and all parents/legal guardians and participant(s) agree to follow as outlined.

### PROMOTIONAL MATERIAL

I grant to Kanata Splash Academy, its representatives and employees the right to take videos of me, parties to which I am legal guardian, and my property in connection with the above identified subject. I authorize Kanata Splash Academy, its assigns and transferees to copyright, use and publish the same in print and/or electronically in perpetuity regardless of media/channel. I agree that Kanata Splash Academy may use such video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media and web content. Participant or Parent/Guardian of the Participant(s) understands that photos and video are occasionally taken at the Kanata Splash Academy for promotional and marketing purposes. Participant or Parent/Guardian of the Participant(s) agrees that likeness or comments or comments of any member of my family or guests may be used by Kanata Splash Academy in Kanata Splash Academy's promotional and marketing materials in any form.

**I HAVE CAREFULLY READ ALL OF THE ABOVE INFORMATION. I ACCEPT AND ACKNOWLEDGE IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE. I UNDERSTAND THAT THE INFORMATION HEREIN WILL GOVERN MY RELATIONSHIP AND THE RELATIONSHIP OF ANY PARTICIPANTS WITH SAFESPLASH SWIM SCHOOL. MY ACCEPTANCE HERE SUPERSEDES ANY OTHER AGREEMENT, WRITTEN OR ORAL, THAT MAY HAVE BEEN PRESENTED TO ME WITH RESPECT TO MY RELATIONSHIP WITH KANATA SPLASH ACADEMY.**

Participant(s) Name: \_\_\_\_\_

Participant(s) Parent / Legal Guardian Name: \_\_\_\_\_

Participant(s) Parent / Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_