



Bashaw & District Support Services  
Ph. 780-372-4074, Fax. 780-372-395  
frontdesk.bdss@gmail.com  
4909 50 St Bashaw, AB



Alix Mirror Wellness Supports Society  
Ph. 403-396-3369, Fax 403-747-2082  
alixmirrorwellness@gmail.com  
Bay 1&2, 5008 50 Ave Alix, AB



## **2026 SUMMER Program REGISTRATION FORM**

**\*Please join our REMIND APP by following the instructions below \***

Dear Parents/Guardian(s),

The Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre require this membership package to be filled out by all the Parents/Guardians of the youth attending the summer programming. For the protection and safety of your child please complete the provided forms and return it to the either Bashaw and Area Community Resource Centre or Alix and Area Community Resource Centre as soon as possible.

The Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre are establishing policies and procedures for the safety of your child and for the daily operations of the summer programming. To allow both staff and volunteers to be aware of who is in the centre at all times, please ensure your child knows they are required to sign in upon entering the building.

The summer programming is drop-in based and cannot be responsible for your child if she/he leaves the building. Please arrange a pick up time with your child and inform them they must remain at the centre until the time. We will try to the best of our abilities to make sure your child remains in the facility if these arrangements have been made, but ultimately we cannot be held responsible.

### **Remind App Instructions:**

Step 1: Text the number (902) 800-4082

Step 2: message the following "@bcentre"

Step 3: Wait for approval to join from administration



Bashaw & District Support Services  
 Ph. 780-372-4074, Fax. 780-372-395  
 frontdesk.bdss@gmail.com  
 4909 50 St Bashaw, AB



Alix and Area  
**Community Resource Centre**  
 connections of supports  
 well-being



## 2026 Summer Program Portable Emergency Information

Child Information (Please Print )                      Date received/Updated \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth: Year/Month/Day \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Physical Address (if different from above):  
 \_\_\_\_\_

Parent or Guardian Information (Please Print)

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address (if different from student) \_\_\_\_\_ Mailing Address (if different from student) \_\_\_\_\_

Physical Address (if different from student) \_\_\_\_\_ Physical Address (if different from student) \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Medical Information

Allergies	Anaphylactic Response	
Y    N	Y    N	
Allergen	Symptom/Reaction	Immediate care

Ongoing Medication: Y N                      Medication administered during time of care: Y N

If your child has emergency medication or requires medication during time of care a separate form will be filled out for each medication.

Are your child's immunizations up to date?                      Y    N



Bashaw & District Support Services  
Ph. 780-372-4074, Fax. 780-372-395  
frontdesk.bdss@gmail.com  
4909 50 St Bashaw, AB



Alix and Area Community Resource Centre  
Alix Mirror Wellness Supports Society  
Ph. 403-396-3369, Fax 403-747-2082  
alixmirrorwellness@gmail.com  
Bay 1&2, 5008 50 Ave Alix, AB



I hereby give permission for the Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre staff to administer/perform medical emergency procedures (i.e., First Aid, CPR) and take action as necessary for the health and well-being of my child. I understand that I will be responsible for all medical expenses.	Parent Initial	Staff Initial
If I, nor my emergency contact person can be reached, I hereby consent to allow staff of Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre, whether employed or volunteer to arrange transportation for my child to the nearest medical facility in case of an emergency.	Parent Initial	Staff Initial

**EMERGENCY CONTACT: REQUIRED**

Name: \_\_\_\_\_ Physical Address: (cannot be a box #) \_\_\_\_\_ Phone Number: \_\_\_\_\_

--	--	--

All above information **must** be filled out as it is a regulated requirement by Child and Family Services

**Release of Child I authorize the following individuals to pick up my child:**

Name: \_\_\_\_\_ Physical Address: (cannot be a box #) \_\_\_\_\_ Phone Number: \_\_\_\_\_


**Custodial Information** (Please Print)

Are there any custodial matters or guardianship rulings that the program staff should be aware of?  
Y N

If "yes", documentation must be provided, and a copy kept on file.

The above information has been received and filed by \_\_\_\_\_

Date received and filed \_\_\_\_\_

**Select Activities:**

<input type="checkbox"/> JULY Outing ___ # Days x \$25/outing/child	<input type="checkbox"/> JULY Daily Drop-In ___ # Days x \$15/drop-in/child	<input type="checkbox"/> JULY Monthly Fee \$75/child	<input type="checkbox"/> JULY Swimming \$90/child
<input type="checkbox"/> AUGUST Outing ___ # Days x \$25/outing/child	<input type="checkbox"/> AUGUST Daily Drop-In ___ # Days x \$15/drop-in/child	<input type="checkbox"/> AUGUST Monthly Fee \$75/child	<input type="checkbox"/> AUGUST Swimming \$90/child

**FOR OFFICE USE ONLY:**

Payment:

CASH

CHEQUE

DATE: \_\_\_\_\_

STAFF INITIAL: \_\_\_\_\_



Bashaw & District Support Services  
Ph. 780-372-4074, Fax. 780-372-395  
frontdesk.bdss@gmail.com  
4909 50 St Bashaw, AB



Alix Mirror Wellness Supports Society  
Ph. 403-396-3369, Fax 403-747-2082  
alixmirrorwellness@gmail.com  
Bay 1&2, 5008 50 Ave Alix, AB



## Permission & Consent Forms

(Child's name) \_\_\_\_\_

Dear Parent:

In order to obtain Liability coverage for the registered children in any of the Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre it is necessary for you, the parent/guardian to be aware of the risks involved in the operation of this program.

The risks may include, but are not limited to, bodily injury, death and property damage to your child and/or others during this program. By providing your initials below, you acknowledge these risks.

**Please initial the following:**

<b>Inherent Risks</b>	Parent Initial	Staff Initial
I acknowledge that I have been informed of any inherent risks connected to this program.		
<b>Volunteers</b>	Parent Initial	Staff Initial
I acknowledge that some workers are volunteers whose skills and abilities vary according to their training. All volunteers will be screened before acceptance for duties.		
<b>Daily Application Consent</b>	Parent Initial	Staff Initial
I hereby permit the application of daily items such as lotion/cream, sunscreen, bug spray and Chapstick as supplied by parents to the affected/required area for my child.		
<b>Freedom of Information &amp; Protection Act</b>	Parent Initial	Staff Initial
I hereby permit the sharing of necessary personal information (name, phone number) with other program parents for program coordination and fundraising.		
<b>Out of Facility Consent</b>	Parent Initial	Staff Initial
I allow the staff of the program to escort my child on Community Walks and other forms of transportation (Examples of, but not limited to: walks, library, long-term care, fire hall, police station, busing to scheduled outings, etc.) within the Town of Bashaw and Village of Alix, weather permitting. An appropriate staff/child ratio will be followed. Information will be posted on the door of the Youth Centre.		
I understand that participating in Program Outings offered by Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre involves a certain degree of risk that could result in injury, death, or loss or damage to person or property. After careful consideration of the risk involved, and in view of the fact that the Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre are non-profit organizations, I hereby release, hold harmless and waive all claims associated with this activity which I		



Bashaw & District Support Services  
 Ph. 780-372-4074, Fax. 780-372-395  
 frontdesk.bdss@gmail.com  
 4909 50 St Bashaw, AB



Alix Mirror Wellness Supports Society  
 Ph. 403-396-3369, Fax 403-747-2082  
 alixmirrorwellness@gmail.com  
 Bay 1&2, 5008 50 Ave Alix, AB



<p>may have against the Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre, its employees, officers, directors, agents, volunteers, and members.</p>		
<p align="center"><b>Photo Permission</b></p> <p>I hereby release for publication, promotional, educational or telecast in any news medium, the photograph of my child.</p>	Parent Initial	Staff Initial
<p align="center"><b>Fee Acknowledgement</b></p> <p>I acknowledge that I have been informed about and understand the fee structures of Summer Programs and adhere to payment requirements to access services.</p>	Parent Initial	Staff Initial
<p align="center"><b>Shared Information Consent</b></p> <p>I agree to the sharing of information about my child by the staff of Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre</p>	Parent Initial	Staff Initial
<p align="center"><b>Nonsense Policy</b></p> <p>A Bully is defined as a blustering, quarrelsome, overbearing person who habitually badgers and intimidates smaller or weaker people.</p> <p>We work hard to ensure that all children feel safe and secure while in our care. The staff are expected to always respect all parents and families. In return, it is expected that the parents and families be respectful to the staff and children in Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre programs.</p> <p>Bullying, unfortunately, exists in our world, but we ask that it stay out of our programs. This includes the children, staff and parents/families. Please be respectful to one another. Should bullying continue to occur in our environment, be it from children, staff or families, the consequences will be enforced by our board of directors. Such enforcement could entail removal from the program. We believe in working with families for the good of the children and the community, and we will try our best to work together to reach common ground. Disrespect and bullying will not be tolerated.</p> <p>No person will be permitted to use foul language or inappropriate language or conversation while in the presence of any children.</p> <p>No person will be permitted to use threatening language to children, staff or parents in the location of the program area</p>	Parent Initial	Staff Initial
<p align="center"><b>COVID-19</b></p> <p>Bashaw and Area Community Resource Centre, Bashaw Youth Centre, and Alix and Area Community Resource Centre have implemented preventive measures to reduce the spread of COVID-19; however, we <b>cannot guarantee</b> that you or your child/children will not become infected with COVID-19.</p>	Parent Initial	Staff Initial



Bashaw & District Support Services  
 Ph. 780-372-4074, Fax. 780-372-395  
 frontdesk.bdss@gmail.com  
 4909 50 St Bashaw, AB



Alix Mirror Wellness Supports Society  
 Ph. 403-396-3369, Fax 403-747-2082  
 alixmirrorwellness@gmail.com  
 Bay 1&2, 5008 50 Ave Alix, AB



<p>Further, <b>attending activities could increase</b> your risk and your child/children's risk of contracting COVID-19.</p> <p>By initialling, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/children and I may be exposed to or infected by COVID-19 by attending activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during summer programming may result from actions, omissions, or negligence of myself and others, including but not limited to, Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre employees, volunteers, and program participants and their families.</p>		
<p style="text-align: center;"><b>Social Media</b></p> <p>As a program, we understand the importance of utilizing social media for the promotion of our programs, but we want to ensure we are safeguarding the rights and privacy of the families, staff, and children. Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre and its program's main source of communication with the community, families and staff is Facebook and Instagram. Posts will be related to projects and activities in which the children are participating, relevant news or articles, and upcoming events.</p> <p>The program managers will supervise the social media sites. They will control the content of posts, ensuring they are consistent with the values and beliefs of the programs. Any posts or comments that are found to be inappropriate will be deleted immediately, and the offending user will be reported and blocked from the site.</p> <p>At no time should an individual's page be used to talk negatively about the programs or any of the other staff, families, or children.</p> <p>Participants are not permitted to post any photos taken in the program, other than those of their own. All parents/guardians must indicate on the program consent form whether they approve the program to use the child/children's images on individual social media sites.</p> <p>The program will welcome feedback from families, staff, and the community on the effectiveness and content of the sites. Any grievance or feedback will be documented in writing and responded to by the program manager.</p>	Parent Initial	Staff Initial
<p>I acknowledge that I have read and understood this document in its entirety and acknowledge that this agreement will constitute a complete release of liability for <b>Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre</b>, subject to the provisions above.</p> <p>I acknowledge that the items in the 2026 Summer Program Registration package have been discussed verbally with me, and I have been provided an opportunity to ask questions.</p> <p>Parent/Guardian (please print) _____</p> <p>Signature of Parent/Guardian _____</p> <p>Date: _____</p>		



Bashaw & District Support Services  
Ph. 780-372-4074, Fax. 780-372-395  
frontdesk.bdss@gmail.com  
4909 50 St Bashaw, AB



Alix Mirror Wellness Supports Society  
Ph. 403-396-3369, Fax 403-747-2082  
alixmirrorwellness@gmail.com  
Bay 1&2, 5008 50 Ave Alix, AB



### Calendars

Please check off any or all dates your child would be interested in attending and return with the registration package. If you have more than one Child attending, please specify which children are going to which events.

**PARTICIPANT(S) NAME:** \_\_\_\_\_

## July

S	M	T	W	T	F	S
28	29 CLOSED	30 CLOSED	1 CLOSED	2 CLOSED	3 CLOSED	4
5	6 ★ OUTING Barneys Adventure 9AM-6PM	7 DROP-IN ART IN THE PARK 9AM-4PM	8 OUTING Leduc Spray Park 9AM-4PM	9 DROP-IN PIRATES DAY 9AM-4PM	10 CLOSED	11
12	13 9AM-12PM: BY THE SEA BEACH PARTY WITH JESUS  12PM-4PM: BYC DROP-IN	14 9AM-12PM: BY THE SEA BEACH PARTY WITH JESUS  12PM-4PM: BYC DROP-IN	15 9AM-12PM: BY THE SEA BEACH PARTY WITH JESUS  12PM-4PM: BYC DROP-IN	16 9AM-12PM: BY THE SEA BEACH PARTY WITH JESUS  12PM-4PM: BYC DROP-IN (SLEEPOVER IN ALIX 4PM-10AM)	17 9AM-12PM: BY THE SEA BEACH PARTY WITH JESUS  12PM-4PM: BYC DROP-IN	18
19	20 ★ NO DROP-IN SWIMMING LESSONS + MOVIE DAY & POPCORN  9AM-4PM	21 ★ NO DROP-IN SWIMMING LESSONS + WATER FIGHT  9AM-4PM	22 ★ NO DROP-IN SWIMMING LESSONS + BEACH DAY  9AM-4PM	23 ★ NO DROP-IN SWIMMING LESSONS + PARK PLAY  9AM-4PM	24 ★ NO DROP-IN SWIMMING LESSONS + STETTLER SPARY PARK & ICE CREAM  9AM-4PM	25
26	27 ★ OUTING Discovery Wildlife Park in Innisfail 9AM-6PM	28 DROP-IN COOKING DAY AT THE CHURCH 9AM-4PM	29 CLOSED	30 CLOSED	31 CLOSED	1

## August

S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3 CLOSED	4 CLOSED	5 ★ OUTING Blackflads Abbey Centre 9AM-6PM	6 ★ DROP-IN CARNIVAL IN ALIX 9AM-4PM	7 ★ OUTING Sundre & District Museum 9AM-6PM	8
9	10 DROP-IN WATER FUN 9AM-4PM	11 DROP-IN CAMP COOKOUT AT THE AG GROUNDS 1PM-10PM	12 DROP-IN BUILDERS DAY 9AM-4PM	13 OUTING Thistle Hill Petting Zoo 9AM-4PM  (SLEEPOVER IN ALIX 4PM-10AM)	14 CLOSED	15
16	17 ★ NO DROP-IN SWIMMING LESSONS + OUTSIDE GAMES  9AM-4PM	18 ★ NO DROP-IN SWIMMING LESSONS + ICE CREAM SUNDAES & CRAFTS  9AM-4PM	19 ★ NO DROP-IN SWIMMING LESSONS + MOVIE DAY & POPCORN  9AM-4PM	20 ★ NO DROP-IN SWIMMING LESSONS + PARK PLAY  9AM-4PM	21 ★ NO DROP-IN SWIMMING LESSONS + FOAM PARTY IN ALIX  9AM-4PM	22
23	24 ★ OUTING Treehouse Playground in Red Deer 9AM-4PM	25★ (Taco Lunch) DROP-IN TRACK & FIELD IN ALIX BASHAW VS ALIX! 9AM-4PM	26 (Hot Dog Lunch) DROP-IN SUMMER SEND-OFF GAMES & ACTIVITIES! 9AM-4PM	27 CLOSED	28 CLOSED	29



Bashaw & District Support Services  
Ph. 780-372-4074, Fax. 780-372-395  
frontdesk.bdss@gmail.com  
4909 50 St Bashaw, AB



Alix Mirror Wellness Supports Society  
Ph. 403-396-3369, Fax 403-747-2082  
alixmirrorwellness@gmail.com  
Bay 1&2, 5008 50 Ave Alix, AB



# BY THE SEA

## BEACH PARTY WITH JESUS

Fun, stories, games and crafts

### BASHAW UNITED CHURCH

**JULY 13-17**  
9:30 - noon

Imagine you're at the seaside with Jesus, having fun, telling stories about how to live well together and take care of each other and the earth, singing songs, playing games, making crafts and enjoying a snack.

**Registration Fee: \$25 for the week.**  
**Registration deadline: July 01**

Forms available from the church, online and at Bashaw & Area Community Resource Centre.  
More info? Call 780 372-3891 • find us on Facebook  
email [bashawunited@gmail.com](mailto:bashawunited@gmail.com)



Bashaw & District Support Services  
 Ph. 780-372-4074, Fax. 780-372-395  
 frontdesk.bdss@gmail.com  
 4909 50 St Bashaw, AB



Alix and Area  
**Community  
 Resource Centre**  
 EST 2020  
 connections @ supports  
 well-being

Alix Mirror Wellness Supports Society  
 Ph. 403-396-3369, Fax 403-747-2082  
 alixmirrorwellness@gmail.com  
 Bay 1&2, 5008 50 Ave Alix, AB



# BY THE SEA

## BEACH PARTY WITH JESUS

### BASHAW UNITED CHURCH



*Please complete a separate form for each child.*

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade in September 2026 \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Persons (different from parent):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any medical condition(s), such as allergies (including food, drugs, environment), AND/OR is your child receiving any medication that we should be aware of?

Yes  No  If yes, please specify with any related special instructions:

\_\_\_\_\_



Bashaw & District Support Services  
 Ph. 780-372-4074, Fax. 780-372-395  
 frontdesk.bdss@gmail.com  
 4909 50 St Bashaw, AB



Alix and Area  
**Community Resource Centre**  
 connections @ supports well-being  
 Alix Mirror Wellness Supports Society  
 Ph. 403-396-3369, Fax 403-747-2082  
 alixmirrorwellness@gmail.com  
 Bay 1&2, 5008 50 Ave Alix, AB



**REGISTRATION FEE \$25 PAID  (cash, cheque payable to Bashaw United Church or eTransfer bashawunited@gmail.com)**

***IMPORTANT: Please read, complete and sign the following forms.***

**BY THE SEA  
 JULY 13–17, BASHAW UNITED CHURCH**

**CONSENT FORM**

Child's Name \_\_\_\_\_

***Please read, complete and sign each section.***

**A. Release**

In addition to the undersigned, my child may be released to the following other persons at the conclusion of each day:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of parent/guardian

Date

**B. Photographs**

I hereby consent to the use of photographs taken of my child while participating in *BY THE SEA* for archival purposes, for promotion of the program and for keepsakes or mementos for the children and their families. I understand that program leaders do not supervise pictures taken by family or friends when visiting the program.

\_\_\_\_\_  
 Signature of parent/guardian

Date



Bashaw & District Support Services  
 Ph. 780-372-4074, Fax. 780-372-395  
 frontdesk.bdss@gmail.com  
 4909 50 St Bashaw, AB



Alix Mirror Wellness Supports Society  
 Ph. 403-396-3369, Fax 403-747-2082  
 alixmirrorwellness@gmail.com  
 Bay 1&2, 5008 50 Ave Alix, AB



**C. Off-site**

During the program, the children may go on outings away from the church with prior notice given. I consent to the program leaders escorting my child on these kinds of outings off-site.

\_\_\_\_\_  
 Signature of parent/guardian

\_\_\_\_\_  
 Date

**D. Waiver and Release of Liability**

I, parent/legal guardian of \_\_\_\_\_, wish to register them in the BY THE SEA program, July 13 - 17, 2026, and grant permission for them to participate in all related activities.

I understand that my child will be taking part in indoor and outdoor recreational activities and I recognize and acknowledge any inherent risks and hazards in participation in the program.

I understand that every care and attention will be given to the health, safety and comfort of my child and I agree that the providers of this program (that is, Bashaw United Church) as well as the program leaders, volunteers and affiliates may not be held liable for any illness, distress or injury incurred by my child in their participation in this program. I further waive any and all claims that I may have in the future against the above named providers, leaders, volunteers and affiliates.

I understand that if an emergency should occur, the program leaders will make every effort to contact the parent/guardian as indicated on the registration form. Should they be unsuccessful in doing so or should the nature of the emergency allow insufficient time, I hereby authorize the program leaders to secure medical advice and services as deemed necessary, including transportation by ambulance. Further, I give permission to the attending physician to treat my child for illness or injury as is necessary under these circumstances. In respect of this event, I agree to accept any and all financial responsibility in excess of the benefits allowed by government Health Care.

I agree to hold harmless and indemnify the program providers, leaders, volunteers and affiliates named above from any and all liability for any damages to property of, or personal injury to, any third party, resulting from my child's participation in the program.

I allow the information collected in the registration form to be used for the purposes of this program only and that it may be shared with other program participants solely for the purposes of program coordination. I allow that it may also be disclosed to Emergency Services personnel in the case of an emergency.



Bashaw & District Support Services  
 Ph. 780-372-4074, Fax. 780-372-395  
 frontdesk.bdss@gmail.com  
 4909 50 St Bashaw, AB



Alix and Area  
**Community Resource Centre**  
 connections @ supports well-being

Alix Mirror Wellness Supports Society  
 Ph. 403-396-3369, Fax 403-747-2082  
 alixmirrorwellness@gmail.com  
 Bay 1&2, 5008 50 Ave Alix, AB



**Continued...**

I have read the above and fully understand its contents.

\_\_\_\_\_  
 Signature of parent/guardian

\_\_\_\_\_  
 Date

**Completed registration forms may be returned to  
 Bashaw United Church or Bashaw & Area Community Resource Centre,  
 Attention: *BY THE SEA***

**Registration Deadline: July 01, 2026.**

**Questions? Contact Bashaw United Church at 780 372-3891 or  
 email bashawunited@gmail.com or message us on Facebook.**



Bashaw & District Support Services  
Ph. 780-372-4074, Fax. 780-372-395  
frontdesk.bdss@gmail.com  
4909 50 St Bashaw, AB



Alix and Area  
**Community Resource Centre**  
Alix Mirror Wellness Supports Society  
Ph. 403-396-3369, Fax 403-747-2082  
alixmirrorwellness@gmail.com  
Bay 1&2, 5008 50 Ave Alix, AB



## SWIMMING LESSON REGISTRATION

### July

Child's Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Age: \_\_\_\_\_

Current Swim Level: \_\_\_\_\_

### August

Child's Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Age: \_\_\_\_\_

Updated Swim Level (If child passed in July): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_