



## 2020 MOUNT FOREST MARLINS SWIM TEAM REGISTRATION FORM

7490 Sideroad 7 W, PO Box 125,  
Kenilworth, ON N0G 2E0  
[www.wellington-north.com](http://www.wellington-north.com)

519.848.3620  
1.866.848.3620 FAX 519.848.3228

Plan to  
Simply Explore.  
[www.simplyexplore.ca](http://www.simplyexplore.ca)

### PARENT/GUARDIAN INFORMATION

Last Name:	First Name:	Primary Phone:	Secondary Phone:
Address:	Town:	Province:	Postal Code:
Township:	Email		
Emergency Contact:	Primary Phone:	Secondary Phone:	
Relationship to Child:			

### PREREQUISITES

- Must be able to swim two lengths of the pool without assistance from the wall or bottom of the pool.
- Must be 6 years of age or older.
- Must commit to two swim competitions in the season.

### GENERAL INFORMATION

Practices: Tuesday and Thursday evenings 5:30pm – 6:30pm.

Competitions: Dates to be confirmed, hosted on Saturday mornings (rain date on Sundays).

Coach Required: Please note that the Mount Forest Marlins Swim Team Program will require a parent or volunteer coach. If you are interested in this volunteer position, please select the box below.

- Yes, I would be interested in the Volunteer Coach Position

**Fee:** \$72.00 per participant

### CANCELLATION & REFUND POLICY

In registering for the Wellington North Swim Program, I the parent/guardian have read and agree to the Wellington North Recreation Programs Cancellation and Refund Policy (found on the Township of Wellington North website [www.wellington-north.com](http://www.wellington-north.com) and at the Municipal Administration Office) and confirm that the information provided in this form is true, complete and accurate.

- I agree with the above statement.

## PARTICIPANT REGISTRATION

<b>1</b>	Name:	Birthday:	Age:	
	Medical Conditions:			Cost: \$
			<b>TOTAL</b>	\$

<b>2</b>	Name:	Birthday:	Age:	
	Medical Conditions:			Cost: \$
			<b>TOTAL</b>	\$

<b>3</b>	Name:	Birthday:	Age:	
	Medical Conditions:			Cost: \$
			<b>TOTAL</b>	\$

<b>4</b>	Name:	Birthday:	Age:	
	Medical Conditions:			Cost: \$
			<b>TOTAL</b>	\$

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### FOR OFFICE USE ONLY

Total Due: \$

Date Payment Received:

#### Method of Payment

Cash  
  Cheque  
  Debit  
  Email Transfer (send to [recreation@wellington-north.com](mailto:recreation@wellington-north.com), please reference receipt #)