



## 2020 SWIM PROGRAM 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



### PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian must be a resident of the Township of Wellington North or the Non-Resident Fee Applies.

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

### PARTICIPANT REGISTRATION

\*Please complete 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice for classes. These will only be applied if the 1<sup>st</sup> choice class is full.

<b>1</b>	<b>Name:</b>		<b>Birthday:</b>		<b>Age:</b>	<b>Gender:</b>
	<b>Medical Conditions:</b>					
<b>1<sup>st</sup> Choice</b>	<b>Location:</b>	<b>Session:</b>	<b>Start Time:</b>	<b>Level:</b>	<b>Cost: \$</b>	
<b>2<sup>nd</sup> Choice</b>	Location:	Session:	Start Time:	Level:		
<b>3<sup>rd</sup> Choice</b>	Location:	Session:	Start Time:	Level:		
Non-Resident Fee (add \$18.00/session if not a permanent resident of the Township of Wellington North or Southgate)						\$0.00
<b>TOTAL</b>						<b>\$</b>

<b>2</b>	<b>Name:</b>		<b>Birthday:</b>		<b>Age:</b>	<b>Gender:</b>
	<b>Medical Conditions:</b>					
<b>1<sup>st</sup> Choice</b>	<b>Location:</b>	<b>Session:</b>	<b>Start Time:</b>	<b>Level:</b>	<b>Cost: \$</b>	
<b>2<sup>nd</sup> Choice</b>	Location:	Session:	Start Time:	Level:		
<b>3<sup>rd</sup> Choice</b>	Location:	Session:	Start Time:	Level:		
Non-Resident Fee (add \$18.00/session if not a permanent resident of the Township of Wellington North or Southgate)						\$0.00
<b>TOTAL</b>						<b>\$</b>

<b>3</b>	<b>Name:</b>		<b>Birthday:</b>		<b>Age:</b>	<b>Gender:</b>
	<b>Medical Conditions:</b>					
<b>1<sup>st</sup> Choice</b>	<b>Location:</b>	<b>Session:</b>	<b>Start Time:</b>	<b>Level:</b>	<b>Cost:</b> \$	
2 <sup>nd</sup> Choice	Location:	Session:	Start Time:	Level:		
3 <sup>rd</sup> Choice	Location:	Session:	Start Time:	Level:		
Non-Resident Fee (add \$18.00/session if not a permanent resident of the Township of Wellington North or Southgate)						\$0.00
<b>TOTAL</b>						\$

<b>4</b>	<b>Name:</b>		<b>Birthday:</b>		<b>Age:</b>	<b>Gender:</b>
	<b>Medical Conditions:</b>					
<b>1<sup>st</sup> Choice</b>	<b>Location:</b>	<b>Session:</b>	<b>Start Time:</b>	<b>Level:</b>	<b>Cost:</b> \$	
2 <sup>nd</sup> Choice	Location:	Session:	Start Time:	Level:		
3 <sup>rd</sup> Choice	Location:	Session:	Start Time:	Level:		
Non-Resident Fee (add \$18.00/session if not a permanent resident of the Township of Wellington North or Southgate)						\$0.00
<b>TOTAL</b>						\$

<b>5</b>	<b>Name:</b>		<b>Birthday:</b>		<b>Age:</b>	<b>Gender:</b>
	<b>Medical Conditions:</b>					
<b>1<sup>st</sup> Choice</b>	<b>Location:</b>	<b>Session:</b>	<b>Start Time:</b>	<b>Level:</b>	<b>Cost:</b> \$	
2 <sup>nd</sup> Choice	Location:	Session:	Start Time:	Level:		
3 <sup>rd</sup> Choice	Location:	Session:	Start Time:	Level:		
Non-Resident Fee (add \$18.00/session if not a permanent resident of the Township of Wellington North or Southgate)						\$0.00
<b>TOTAL</b>						\$

### 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.**

### 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 #)