



## 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

Plan to  
Simply Explore.

[www.simplyexplore.ca](http://www.simplyexplore.ca)

### PARENT or LEGAL GUARDIAN INFORMATION:

\*Indicate if Receipt Req'd in Specific Name

\_\_\_\_\_  
Last Name First Name Primary Phone Secondary Phone

### MAILING INFORMATION:

\_\_\_\_\_  
Mailing Address Town Postal Code

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

\_\_\_\_\_  
TOWNSHIP Email Address

### EMERGENCY CONTACT:

\_\_\_\_\_  
Last Name First Name Relationship to Participant Phone Number

### SWIMMING PARTICIPANTS: Please state first choice and alternate activities.

PARTICIPANT 1 (Supply First & Last Name)				Arthur	Mt. Forest	SESSION #	START TIME	LEVEL	COST
NAME				1 <sup>ST</sup> Choice					\$
AGE	Male <input type="checkbox"/>	Female <input type="checkbox"/>	2 <sup>ND</sup> Choice						
BIRTH DATE				3 <sup>RD</sup> Choice					
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)									\$
Please list any Medical Condition you would like to notify us of.								<b>TOTAL</b>	\$

PARTICIPANT 2 (Supply First & Last Name)				Arthur	Mt. Forest	SESSION #	START TIME	LEVEL	COST
NAME				1 <sup>ST</sup> Choice					\$
AGE	Male <input type="checkbox"/>	Female <input type="checkbox"/>	2 <sup>ND</sup> Choice						
BIRTH DATE				3 <sup>RD</sup> Choice					
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)									\$
Please list any Medical Condition you would like to notify us of.								<b>TOTAL</b>	\$

In registering for the Wellington North Swim Program, I the parent/guardian have read and agree to the Wellington North Recreation Programs Refund and Cancellation Policy and confirm that the information given in this form is true, complete and accurate.

**Please review the Refund/Cancellation Policy at [www.wellington-north.com](http://www.wellington-north.com)**

#### FOR OFFICE USE ONLY

FEE PAID: \$ \_\_\_\_\_  Cash  Cheque  Debit  E Transfer

Date Payment Received \_\_\_\_\_