

**Township of Lake of Bays
Swimming Lessons for 2009
Registration Form**

Family Information	
First/Last Name	Parent Name(if applicable)
Home/Mailing Address	
Email Address	
Postal Code	
Home Telephone	Work Telephone

First/Last Name	Sex	Date of Birth	Health Card	V C	Program Name	Fee	Comments

Method of Payment

CASH() CHEQUE ()

CHEQUE # _____

**Post dated cheques accepted to June 19 , 2009
Register in Person or by mail to
Recreation c/o Township of Lake of Bays
1012 Dwight Beach Rd, Dwight, P0A 1H0
You can fax in your registration to 705-635-2132**

Liability Statement

In consideration of the acceptance of my application and the permission to participate in a program jointly sponsored by the Department of Leisure Services, Town of Huntsville, and the Township of Lake of Bays, I hereby waive and forever discharge the Corporation of the Town of Huntsville, and the Corporation of the Township of Lake of Bays, its employees, agents, officers, and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my person or property, however caused. The Town of Huntsville and the Township of Lake of Bays reserves the right to use photographs of recreation programs for promotional purposes.

Refund Policy

Requests for refunds will not be accepted after the first lesson unless accompanied by a medical certificate. We regret participants will receive no refund in cancellation that affects minimum class numbers or the request is past the fourth lesson. Request must be submitted in writing. An administration fee of \$10.00 will be deducted and all refunds will be "prorated" whether classes missed, may not be made up at another class time or session.

Signature of Parent/Guardian/Participant

Date: _____

Staff Use only
Processed by: _____

Lesson time will vary based on registration.

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Receipt for Participation in Swimming Lessons, bearing more than 50% physical activity.

Corporation of the Township of Lake of Bays- **Summer 2009 Swimming Program**

Name of Participant _____ Cost of Program \$ _____

Session: Dwight___ Baysville___ Level _____ **Staff Initials** _____