

# Lynne Patch Aquatics Inc.

500 Hensall Circle, Unit 3  
 Mississauga L5A 1Y1 (905) 897-7946  
[www.swimlpa.com](http://www.swimlpa.com) email: info@swimlpa.com

| FOR OFFICE USE ONLY |  |     |     |     |     |
|---------------------|--|-----|-----|-----|-----|
| MOB                 |  | CON |     | REC |     |
| VERIFIED            |  |     | A/S |     | D/B |

## REGISTRATION FORM – SUMMER 2018 PROGRAM (use for email)

Registration via email begins at 6:30am on Friday, June 8<sup>th</sup> – email address - info@swimLpa.com

| Last Name | First Name | Birth date<br>day/month/yr | Sex | Session 1, 2,<br>3 or 4 | Swim Level | Time | Fee |
|-----------|------------|----------------------------|-----|-------------------------|------------|------|-----|
|           |            |                            |     |                         |            |      |     |
|           |            |                            |     |                         |            |      |     |
|           |            |                            |     |                         |            |      |     |
|           |            |                            |     |                         |            |      |     |

|                                                                                                                                                                           |             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| <b>Indicate if your child is repeating with an asterisk * by level</b>                                                                                                    | Sub-total   |  |
| Provide 2 choices – if unable to give 2 choices please complete note below -                                                                                              | Add 13% HST |  |
| Note - there is a \$25 per child cancellation fee - see <a href="http://www.swimlpa.com/registration.htm">http://www.swimlpa.com/registration.htm</a> for "Refund Policy" | Grand Total |  |

|                                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Note re medical concerns (incl. developmental), availability, requests, etc:</b>                                                                 |  |
| <b>If we need to contact you regarding your registration - provide telephone number or email address where you can be contacted during the day:</b> |  |

|                                                                                                                                                                                                                                                                                                                   |  |             |     |                     |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|-----|---------------------|--------------------|
| <b>Name of Parent/Guardian</b>                                                                                                                                                                                                                                                                                    |  |             |     |                     |                    |
| <b>Street Address</b>                                                                                                                                                                                                                                                                                             |  |             |     | <b>City</b>         | <b>Postal Code</b> |
| <b>Home #</b>                                                                                                                                                                                                                                                                                                     |  | <b>Bus#</b> | ext | <b>Cell#</b>        |                    |
| <b>VISA or MC Card #</b>                                                                                                                                                                                                                                                                                          |  |             |     | <b>Expiry Date:</b> | /                  |
| <b>If you do not wish to provide credit card information via email – call the office the week prior to registration and provide your credit card information (including expiry date) verbally over the phone. If we do not have payment information on the day of registration – we cannot process your form.</b> |  |             |     |                     |                    |
| <b>Email address:</b>                                                                                                                                                                                                                                                                                             |  |             |     |                     |                    |

Dear Parent:

Every precaution will be taken to ensure you and your child's safety. However, we request that you read and sign the following:

I hereby give permission to have staff arrange for any emergency medical care including hospitalization if necessary. In all circumstances attempts will be made to contact parent or guardian first. The participant is responsible for his or her own medical coverage. The undersigned hereby releases and forever discharges Lynne Patch Aquatics Inc. from all claims and liabilities whatsoever which may arise in connection with the operation of the swim program or arising from any participation by the undersigned and/or children of the undersigned in any activity offered by LPA save and except for the negligence or wilful misconduct of LPA or those in law for whom LPA is responsible. LPA is not responsible for lost or stolen articles.

**Failure to read and affix your name to this waiver may delay your registration.**

I have read and agree to the above terms and conditions:

Name/Signature:

Date: