PSP COMMUNITY RECREATION
AQUATIC PROGRAMS - REGISTRATION FORM

Participant's name_____ Age _____
Last Name First Name Month Day Year

Address_____
Street City Postal Code

Parent/Guardian_____ Phone # _____ _____
DAYTIME EVENING

Allergy/Health/Learning Concerns _____

Military/DTM with BCRA _____ Military/DTM_____ Guest with BCRA _____ Guest_____

- I UNDERSTAND THAT SHOULD IT BE NECESSARY TO CANCEL A CLASS, EVERY ATTEMPT WILL BE MADE TO RE-SCHEDULE HOWEVER, IF THE CLASS CANNOT BE RE-SCHEDULED, NO REDUCTION IN REGISTRATION FEES WILL BE ISSUED.
- I TAKE FULL RESPONSIBILITY FOR MY SON/DAUGHTER AND CONSIDER HIM/HER FIT TO TAKE ANY AQUATIC PROGRAM. IN CASE OF EMERGENCY, I AGREE TO HIM/HER BEING SENT TO THE HOSPITAL FOR EMERGENCY TREATMENT.

If you do not want your child photographed or part of a video, please speak to the Aquatic Programmer.

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

- IN ORDER TO CONTROL AND ELIMINATE POOL FOULINGS IN THE AQUATIC FACILITY, CHILDREN 4 YEARS OF AGE AND UNDER ARE REQUIRED TO WEAR WATER DIAPERS. THESE CAN BE PURCHASED AT THE FRONT OFFICE.
- CHILDREN MUST BE 4 YEARS OF AGE PRIOR TO THE BEGINNING OF EACH SESSION WHEN REGISTERING FOR PRESCHOOL LEVELS BEGINNING WITH SALAMANDER AND ABOVE.
- CHILDREN MUST BE 6 YEARS OF AGE PRIOR TO THE BEGINNING OF EACH SESSION WHEN REGISTERING FOR SWIM KIDS LEVEL 1 AND ABOVE.

COURSE SELECTION

FIRST CHOICE _____
Day Session Date Level Time

SECOND CHOICE _____
Day Session Date Level Time