P.E.R.C. Red Cross Swimming Lesson Registration Form

PART A: PARTICIPANT INFORMATION - Please print clearly

PARTICIPANT'S Last Name:	First Name:	Birthdate: D___M____Y____	Sex: M or F
Address:		City/Town	Postal Code
Program Name	Session Date	Time	Fee
Program Name	Session Date	Time	Fee
MEDICAL INFORMATION – Please indicate any medical information or special needs our Staff should be aware of			

PART B: FAMILY INFORMATION

Mother's Name:	Home Phone Number:	Work Phone Number:
Father's Name:	Home Phone Number:	Work Phone Number:
Participant lives with □ Mother □ Father □ Both □ Other		E-mail

PART C: EMERGENCY CONTACT – other than Parent/Guardian

Emergency Contact Name:	Relationship to Participant:	Phone Number:
Address:		City/Town:
Participant's Physician:		Phone Number:

PART D: CONSENT

Participant Waiver This signed consent form allows your child to participate in all supervised activities listed on this registration form. The Township of Perth East and its employees are not responsible for any claim, loss, injury or damage to persons or to property suffered during supervised activities.

Parent/Guardian Initials: _____

Photo Release I give the Township of Perth East permission to photograph my child; and to use these photographs for display and in any future promotional materials and website without compensation.

Parent/Guardian Initials: _____

Our Privacy Commitment The Township of Perth East is committed to protecting your privacy. The personal information contained on this form is collected by the Township of Perth East for the purpose of administering recreational programs. It will be kept secured and confidential and will be used only by administrative staff or program staff. The information will also be used to inform the registrants of any future program similar to those registered for.

_____ _____

Parent/Guardian Signature Date

OFFICE USE ONLY		**Date Received:**		**Method of Payment**	
Received by:		**Receipt**	**#**	**Amount Received**	**$**