



# REGISTRATION FORM

## FAMILY INFORMATION

Are you a new applicant? Yes  No  If "No", Has your address or telephone number changed? Yes  No

## ADULT/PARENT/GUARDIAN INFORMATION

|  |  |             |                          |   |  |
|--|--|-------------|--------------------------|---|--|
| Last Name:                                     |  | First Name: |                          | Gender: M <input type="checkbox"/> F <input type="checkbox"/> |  |
| Family Address:                                |  |             |                          | Apt/Unit#   |  |
| City/Town:                                     |  |             | Postal Code:             |   |  |
| Birth Date: / /<br><small>(DD/MM/YYYY)</small> |  | Home Phone: |                          | Cell Phone:   |  |
| Business Phone:                                |  | Ext:        | Email Address:           |   |  |
| Emergency Contact:                             |  |             | Emergency Contact Phone: |   |  |

## PARTICIPANT ONE

|  |            |   |            |      |     |
|--|------------|---|------------|------|-----|
| Last Name:                                     |            | First Name:   |            |      |     |
| Birth Date: / /<br><small>(DD/MM/YYYY)</small> |            | Gender: M <input type="checkbox"/> F <input type="checkbox"/> |            |      |     |
|  | Class Name | Course Code   | Start Date | Time | Fee |
| First Choice                                   |            |   |            |      |     |
| Second Choice                                  |            |   |            |      |     |

## PARTICIPANT TWO

|  |            |   |            |      |     |
|--|------------|---|------------|------|-----|
| Last Name:                                     |            | First Name:   |            |      |     |
| Birth Date: / /<br><small>(DD/MM/YYYY)</small> |            | Gender: M <input type="checkbox"/> F <input type="checkbox"/> |            |      |     |
|  | Class Name | Course Code   | Start Date | Time | Fee |
| First Choice                                   |            |   |            |      |     |
| Second Choice                                  |            |   |            |      |     |

## CLIENT ALERT INFORMATION

Does the participant listed on this form have a disability, medical condition or allergy you would like us to know about?

If yes, read the Integration Services section on our website prior to submitting a Registration Form. Yes  No

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Participant's Name:   |  | Disabilities / Medical Conditions / Allergies: |  |  |  |
| Carries Epi Pen or Medication: Yes <input type="checkbox"/> No <input type="checkbox"/> |  | If "Yes", Medication taken for:                |  |  |  |
| Support Requested: Yes <input type="checkbox"/> No <input type="checkbox"/>             |  | Will attend with own support:                  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

## TYPE OF PAYMENT

CASH     INTERAC E-TRANSFER     CHEQUE

Cheques will be made payable to Aqua Fun Academy. Cheques will be cashed as registrations are inputted. We do not accept post-dated cheques. Unused cheques will not be returned. Payment information and/or Interac e-Transfer instructions will be sent along with the registration confirmation email

## AUTHORIZATION

**OF NOTE:** Personal Information is protected under Canada's *Personal Information Protection and Electronic Documents Act*. We will not use your information for any purpose that you have not expressly authorized. Your information is not sold, rented, or shared with other organizations for commercial purposes or in ways different than what is disclosed in the Privacy Policy.

### THIS WAIVER MUST BE SIGNED IN ORDER FOR THIS APPLICATION TO BE PROCESSED

In the consideration of the acceptance of my application or that of the minor whose name appears thereon, of whom I am the legal guardian, and the permission to participate in a program sponsored by Aqua Fun Academy, I hereby waive and forever discharge Aqua Fun Academy, its employees, agents and officers from all claims, damages, costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where there program is being held (e.g. field trips, organized swims, etc.). I acknowledge and agree that Aqua Fun Academy may use photographs of programs and the participants therein for promotional purposes (participants will be consulted beforehand).

|                         |               |  |              |
|-------------------------|---------------|--|--------------|
| Signature:              |               | Date: / /<br><small>(DD/MM/YYYY)</small> |              |
| ***For Office Use Only: | Date Received | Date Processed                           | Processed By |
|                         | / /           | / /                                      |              |