

## **REGISTRATION FORM**

PLEASE PRINT CLEARLY | PAGE 1 of 2

Student Name:				
FIRST		LAST		
Date of Birth:	Age:	Gender:		
Address:		200711 2007		
Any medical information you would like to sh	aro	POSTAL CODE		
Any medical information you would like to si	iare			
Swim level achieved: By:	ifesaving 🔲	Red Cross		
Where?	When?			
SCHEDULE BLOW (Swim classes - 45-min. Please indicate your 3 c		· ·		
■ KODIAK SPECIALTY POOL				
Beginners and intermediate swimmers (45-min. class	es)			
• Monday I Tuesday I Wednesday I Thurs	sday			
4:00 - 4:45pm     4:45 - 5:30pm     5:30 - 6:1	5pm l 6:15 - 7:0	00pm l 7:00 - 7:45pm		
Saturday I Sunday				
9:00 - 9:45am   9:45 - 10:30am   10:30 - 1	1:15am   11:15	5 - 12:00am		
12:30 - 1:15pm   1:15 - 2:00pm   2:00 - 2:4	I5pm I 2:45 - 3	30pm l 3:30 - 4:15pm		
Parents and Tots (30-min. class)				
• Sunday 4:15 - 4:45pm   4:45 - 5:15				
, ,				
■ HAVERGAL COLLEGE POOL				
Intermediate, advanced swimmers and various Bronz	e level courses (90-ı	nin.)		
Tuesday I Thursday		,		
5:30 - 6:15pm     6:15 - 7:00pm     7:00 - 7:	45pm l 7:45 - 8	3:30pm   8:30 - 9:15pm		
Saturday I Sunday				
12:30 - 1:15pm   1:15 - 2:00pm   2:00 - 2:4	45pm   2:45 - 3	30pm   3:30 - 4:15pm		
4:15 - 5:00pm   5:00 - 5:45pm   5:45 - 6:3	·			
■ BISHOP STRACHAN POOL				
All levels of swimmers and Various Bronze level courses (90-min.)				
• Wednesday	15nm   0.15 (	):00nm		
6:00 - 6:45pm   6:45 - 7:30pm   7:30 - 8:	τοhιιι ι <u>9</u> :12 - <i>;</i>	σ.υυμπι		
Saturday				
9.15 - 10.00am   10.00 - 10.45am   10.45	. 11·30am   11·	30am - 12·15nm		



## **REGISTRATION FORM**

PLEASE PRINT CLEARLY | PAGE 2 of 2

Swim Session: Fall   Winter	l Spring	g Year:
YOUR CHOICES FOR:		NAME OF CHILD
		TIME:
2: Kodiak / Havergal / Bishop	DAY:	TIME:
<b>3:</b> Kodiak / Havergal / Bishop	DAY:	TIME:
🔲 Parent 🔲 Guardian		
Primary		
FIRST		LAST
Cell:	Email: _	
🔲 Parent 🔲 Guardian		
Secondary:		
FIRST		LAST
Cell:	Email: _	
Payment:		
☐ Visa ☐ Master Card		
Card Number:		
Expiry date:		
Name on Card:		