



**TOWNSHIP OF WOOLWICH SWIM REGISTRATION FORM FALL2010**  
 Registration begins Tuesday August 31, 2010, at the Woolwich Memorial Centre or  
 \*\* REGISTER ON-LINE \*\* @ [www.woolwich.ca/register](http://www.woolwich.ca/register)

**FAMILY INFORMATION** (PLEASE PRINT CLEARLY)

Adult/Family/Guardian's Family Name		Father's First Name	Mother's First Name
Address		Father's Home#	Mother's Home#
		Father's Work #	Mother's Work #
City or Town	Postal Code	Father's Cell #	Mother's Cell #
e-mail address: (must be included if dropping off form)			

**EMERGENCY CONTACT** (Must be someone OTHER than parents please)

Full Name	Daytime Phone #	Evening Phone #	Cell Phone #
-----------	-----------------	-----------------	--------------

**Age Groups** Parent and Tot 4 months to 4 years Preschool 3-5 years Youth 5-12 years Advanced

**1<sup>st</sup> Participant's Information**

**2<sup>nd</sup> Participant's Information**

Family Name		First Name		Family Name		First Name	
Date of Birth (M/D/Y)	Gender MALE / FEMALE	Age	Level	Date of Birth (M/D/Y)	Gender MALE / FEMALE	Age	Level
Medical Concerns (Allergies? Conditions?)				Medical Concerns (Allergies? Conditions?)			
First Choice				First Choice			
Age Group	Day	Time		Age Group	Day	Time	
Second Choice				Second Choice			
Age Group	Day	Time		Age Group	Day	Time	


**3<sup>rd</sup> Participant's Information**

**4<sup>th</sup> Participant's Information**

Family Name		First Name		Family Name		First Name	
Date of Birth (M/D/Y)	Gender MALE / FEMALE	Age	Level	Date of Birth (M/D/Y)	Gender MALE / FEMALE	Age	Level
Medical Concerns (Allergies? Conditions?)				Medical Concerns (Allergies? Conditions?)			
First Choice				First Choice			
Age Group	Day	Time		Age Group	Day	Time	
Second Choice				Second Choice			
Age Group	Day	Time		Age Group	Day	Time	

Registration Received:	Day / Time:	Staff Initial:
------------------------	-------------	----------------



<b>WOOLWICH MEMORIAL CENTRE FALL 2010 SWIMMING LESSONS</b>				
<b>Parent and Tot 4 months. to 4 yrs.</b> Fall 2010 Sept 27 - Dec 20 (12 weeks)				
Mon.	Tues.	Wed.	Thurs	Sat.
10:30	10:30	10:30	10:30	11:30
6:15		6:15		
Fall classes \$74.04 resident, \$85.05 non-resident				
<b>Preschool 3-5 yrs.</b> Fall 2010 Sept 27 to Dec 20 (12 weeks)				
Mon.	Tues.	Wed.	Thurs	
10:00	10:00	10:00	10:00	
<b>Afternoon</b>				
	1:00	1:00	1:00	
<b>Preschool Evening &amp; Weekend</b>				
Mon.	Wed.	Fri.	Sat.	
4:30	4:30	5:00	8:45	
5:00	5:00	6:15	9:15	
5:30	5:30		9:45	
6:45	6:45		10:30	
7:15	7:15		11:00	
Fall 11 classes \$96.96 resident, \$111.48 non-resident				

<b>Youth 5-12 yrs.</b> Fall 2010 Sept 27 to Dec 20 (12 weeks)			
<b>Youth Evening &amp; Weekend</b>			
Mon.	Wed	Fri.	Sat.
4:30	4:30	4:15	8:45
5:15	5:15	5:30	9:30
6:15	6:15	<b>Tues &amp; Wed.</b>	10:30
7:00	7:00	1:30	11:15
Fall 12 classes \$96.96 resident, \$111.48 non-resident			

**MEDIA EXPOSURE**

The child(ren) listed on the Participant Form may appear in any publicity arranged by the Township of Woolwich, through the various media, newspaper, radio, television, slide presentations and other publications.

**\*\*If you do not wish to have your child in program publicity, please stroke out this section and initial.**

**Cancellations** Requests for refunds must be made by **September 20, 2010**, 7 days before the start date of the Swim Lessons. (September 27, 2010) Participants who withdraw during a program, for medical conditions only will be issued a refund. Participants who withdraw during a program for any other reason other than medical **will not be issued** a refund. **ALL** refunds/credits are subject to an administration fee (\$25.00).

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**“Township of Woolwich Fall 2010 Swim Registration”**

Completed forms with Cheques should be placed in an envelope and mailed or dropped off at the Woolwich Memorial Center 24 Snyder Ave South, Elmira, Ontario N3B 1Y9

**CONFIRMATION OF REGISTRATION WILL ONLY BE MADE IF YOUR FIRST CHOICE IS NOT AVAILABLE AND WE HAVE TO GO WITH YOUR SECOND CHOICE OF DATE AND TIME**