

**BOULDRING BELUGAS SUMMER SWIM SCHOOL**

**STUDENT APPLICATION**

NAME: \_\_\_\_\_

GENDER: M F

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_(DD/MM/YYYY)

PARENT/GUARDIAN NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS, MEDICAL CONDITIONS OR OTHERWISE THAT YOUR INSTRUCTORS SHOULD BE MADE AWARE OF? (for example, asthma, poor eyesight, seizures, diabetes, etc.) \_\_\_\_\_

Please notify your instructor immediately of any injury.

**Please note, no childcare is available and all children must be accompanied and supervised by an adult at all times.**

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Session 1 June 13 – June 25 Session 2 June 27 – July 1 Session 3 July 4 – 15 Session 4 July 18 – 29

Session Fee: Beginner \$89 (including GST) Pre-school Swim Kids 1 2 3 4 5

Advanced \$133 (including GST) Swim Kids 6 7 8 9 10

Family/Multiple Registration Discount: Second or more classes \$84 or \$126 (including GST)

Please see our website [www.belugaswimming.com](http://www.belugaswimming.com) re weather policy. We will do our best to notify you if a change in the schedule occurs.

Cancellation policy: 7 days notice prior to session start date is required for refund of fees less \$10.00

Administration Fee.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## **RELEASE FROM LIABILITY**

This certifies that \_\_\_\_\_ (Student's first, last name) is physically and mentally fit to participate in swim instruction and has not been otherwise informed by a physician. As such I agree to participate in the Boulding Belugas Summer Swim School at my own risk. I hereby waive any and all rights to claim loss or damages arising out of my child's or my participation in the Boulding Belugas Summer Swim School and program. I agree to follow the rules and regulations of the Boulding Belugas Summer Swim School.

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We respect each family's right to personal privacy. To that end personal information such as names, addresses, birth dates and emergency contact information is collected for the purposes of registration, current and future communication and record keeping for results of the Red cross Swim Kids Program.

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From time to time photographs may be taken at Boulding Belugas Swim School. We will request your permission prior to using pictures for the website or other promotional material or media announcements.

**Signature or Parent/Guardian:** \_\_\_\_\_

**Parent's Name (Please Print)** \_\_\_\_\_

**Date:** \_\_\_\_\_