

Bowen Park Kin Pool Mini Rapids Swim Lessons Registration Form 2016

Swimmers Name: _____ Age: _____

Address: _____ Postal Code: _____

Parent/Guardian: _____ Phone #: _____

Email Address: _____

Personal Health Number: _____

If your child has any medical condition or allergies please note below:

Previous swimming experience: _____

Registering for these Swim Groups:

Beginner 1	Beginner 2	Beginner 3	Junior 1
<u>Dates</u>	<u>Dates</u>	<u>Dates</u>	<u>Dates</u>
July 4 th <input type="checkbox"/>	July 4 th <input type="checkbox"/>	July 4 th <input type="checkbox"/>	July 4 th <input type="checkbox"/>
July 11 th <input type="checkbox"/>	July 11 th <input type="checkbox"/>	July 11 th <input type="checkbox"/>	July 11 th <input type="checkbox"/>
July 18 th <input type="checkbox"/>	July 18 th <input type="checkbox"/>	July 18 th <input type="checkbox"/>	July 18 th <input type="checkbox"/>
July 25 th <input type="checkbox"/>	July 25 th <input type="checkbox"/>	July 25 th <input type="checkbox"/>	July 25 th <input type="checkbox"/>
Aug 1 st <input type="checkbox"/>	Aug 1 st <input type="checkbox"/>	Aug 1 st <input type="checkbox"/>	Aug 1 st <input type="checkbox"/>
Aug 8 th <input type="checkbox"/>	Aug 8 th <input type="checkbox"/>	Aug 8 th <input type="checkbox"/>	Aug 8 th <input type="checkbox"/>
Aug 15 th <input type="checkbox"/>	Aug 15 th <input type="checkbox"/>	Aug 15 th <input type="checkbox"/>	Aug 15 th <input type="checkbox"/>
Aug 22 nd <input type="checkbox"/>	Aug 22 nd <input type="checkbox"/>	Aug 22 nd <input type="checkbox"/>	Aug 22 nd <input type="checkbox"/>
<u>Times:</u>	<u>Times:</u>	<u>Times:</u>	<u>Times:</u>
<input type="checkbox"/> 9:30-10:00	<input type="checkbox"/> 9:00-9:30	<input type="checkbox"/> 9:00-9:30	<input type="checkbox"/> 10:00-10:45
<input type="checkbox"/> 10:00-10:30	<input type="checkbox"/> 10:00-10:30	<input type="checkbox"/> 9:30-10:00	<input type="checkbox"/> 10:45-11:30
<input type="checkbox"/> 11:00-11:30	<input type="checkbox"/> 10:30-11:00	<input type="checkbox"/> 10:30-11:00	
	<input type="checkbox"/> 11:00-11:30	<input type="checkbox"/> 11:00-11:30	

Junior 2	Junior 3	Intermediate/Senior	Private
<u>Dates</u>	<u>Dates</u>	<u>Dates</u>	<u>Dates</u>
July 4 th <input type="checkbox"/>	July 4 th <input type="checkbox"/>	July 4 th <input type="checkbox"/>	July 4 th <input type="checkbox"/>
July 11 th <input type="checkbox"/>	July 11 th <input type="checkbox"/>	July 11 th <input type="checkbox"/>	July 11 th <input type="checkbox"/>
July 18 th <input type="checkbox"/>	July 18 th <input type="checkbox"/>	July 18 th <input type="checkbox"/>	July 18 th <input type="checkbox"/>
July 25 th <input type="checkbox"/>	July 25 th <input type="checkbox"/>	July 25 th <input type="checkbox"/>	July 25 th <input type="checkbox"/>
Aug 1 st <input type="checkbox"/>	Aug 1 st <input type="checkbox"/>	Aug 1 st <input type="checkbox"/>	Aug 1 st <input type="checkbox"/>
Aug 8 th <input type="checkbox"/>	Aug 8 th <input type="checkbox"/>	Aug 8 th <input type="checkbox"/>	Aug 8 th <input type="checkbox"/>
Aug 15 th <input type="checkbox"/>	Aug 15 th <input type="checkbox"/>	Aug 15 th <input type="checkbox"/>	Aug 15 th <input type="checkbox"/>
Aug 22 nd <input type="checkbox"/>	Aug 22 nd <input type="checkbox"/>	Aug 22 nd <input type="checkbox"/>	Aug 22 nd <input type="checkbox"/>
<u>Times:</u>	<u>Times:</u>	<u>Times:</u>	<u>Times:</u>
<input type="checkbox"/> 10:00-10:45	<input type="checkbox"/> 9:00-10:45	<input type="checkbox"/> 9:00-10:00	<input type="checkbox"/>
<input type="checkbox"/> 10:45-11:30			