

# Lynne Patch Aquatics Inc.

500 Hensall Circle, Unit 3, Mississauga L5A 1Y1  
 (905) 897-7946 www.swimlpa.com

FOR OFFICE USE ONLY					
CH	CA	VISA	MC	MOB	A/S
CON & REC			INITIALS		

## REGISTRATION FORM

Surname	Given Name	Birthdate day/month/year	Sex	Swim Level	Day	Time	Fee
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Sub-total	\$ _____
Add: 5% GST	_____
Total	\$ _____

\* Please indicate if your child is repeating with an asterisk.

CHECK HERE IF YOU ARE NEW TO LYNNE PATCH AQUATICS

Accepted payment – cash, cheque, debit, VISA or Mastercard. Please make all cheques payable to Lynne Patch Aquatics Inc. (A \$20.00 service charge will be levied on all NSF cheques.) If registering by mail, please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice. If paying by VISA or Mastercard, please complete information below. Cancellation fee is \$15.00 per child, prior to the start of lessons. We do not accept post-dated cheques.

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRY DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME ON CARD \_\_\_\_\_

GET THE NEXT SCHEDULE FASTER: Over the past 18 years, we have mailed out copies of our schedule for each upcoming program. If you would prefer to be notified by email when the schedule for the next program has been posted on the website please provide your email address:

Email address: \_\_\_\_\_

Dear Parent:

Every precaution will be taken to ensure you and your child's safety. However, we request that you read and sign the following:

I hereby give permission to have staff arrange for any emergency medical care including hospitalization if necessary. In all circumstances attempts will be made to contact parent or guardian first. The participant is responsible for their own medical coverage. The undersigned hereby releases and forever discharges Lynne Patch Aquatics Inc. from all claims and liabilities whatsoever which may arise in connection with the operation of the swim program or arising from any participation by the undersigned and/or children of the undersigned in any activity offered by LPA save and except for the negligence or willful misconduct of LPA or those in law for whom LPA is responsible. LPA is not responsible for lost or stolen articles.

\_\_\_\_\_ date

\_\_\_\_\_ signature of parent/guardian