



Municipality of  
**Dutton Dunwich**

Aquatic Program Registration Form

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

Care Giver Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Allergies or Medications: \_\_\_\_\_

Swimmer's

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Level: \_\_\_\_\_ Session: \_\_\_\_ 1 2 3 4 \_\_\_\_\_ Time: \_am or pm\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Level: \_\_\_\_\_ Session \_\_\_\_ 1 2 3 4 \_\_\_\_\_ Time: \_am or pm\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Level: \_\_\_\_\_ Session: \_\_\_\_ 1 2 3 4 \_\_\_\_\_ Time: \_am or pm\_\_\_\_\_

In signing this form you are giving permission to the instructor of the participant to sit out said participant or ask them to leave the practice/lesson if the participant is disruptive, acts inappropriately and/or does not abide by the rules of the Dutton Pool.

*The Municipality, Parks and Recreation Staff, and Volunteers are not responsible for loss, damage, theft or injury while using our facilities.*

\*I understand and accept the policies outlined by the Dutton Pool

\_\_\_\_\_  
Signature of Participant or Guardian (if under 18 years)

**\*\* All information provided is confidential and not shared.**