



Registration Form

Swimmer's Information

Swimmer's Name: _____

Age: _____ Birthdate: _____ Sex: _____ OHIP #: _____

Medical Concerns (if any): _____

Swimmer's Name: _____

Age: _____ Birthdate: _____ Sex: _____ OHIP #: _____

Medical Concerns (if any): _____

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Medical Concerns (if any): _____

Swimmer's Name: _____

Age: _____ Birthdate: _____ Sex: _____ OHIP #: _____

Medical Concerns (if any): _____

Swimmer's Name: _____

Age: _____ Birthdate: _____ Sex: _____ OHIP #: _____

Medical Concerns (if any): _____

Contact Information

Name(s) of Parent/Guardian: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Work Number: _____

Name of Family Doctor: _____

E-mail Address: _____

Emergency Contact Information (if not the same as above)

Name(s): _____

Relationship to Child: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Work Number: _____

E-mail Address: _____

In the event of an emergency, the information above and on the reverse side of this page will allow us to contact you or your emergency contact as soon as possible. If there are changes to any of the information above, please contact us and let us know immediately. This will also allow us to contact you if there is a cancellation of swimming lessons due to poor weather or mechanical issues. By signing this registration form, I agree that all of the information above and on the reverse side of this page is true and I agree to inform the staff at the Otterville Pool immediately if there have been any changes in locations or phone numbers.

Name: _____

Signature: _____

Date: _____