

# Kettles Swimming Program

Family Name: \_\_\_\_\_

Cottage Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do your children have any Allergies that we should know of? (If so, please list):

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Is your family a current paid member of the Kettles Association for 2017? Yes  No

•participants who are not members of the Kettles Association will be charged a fee of \$10.00 per week

Swim Program	1 week	4 weeks	8 weeks
Preschool	\$20	\$65	\$110
Swim Kids Levels 1-3	\$20	\$65	\$110
Swim Kids Levels 4-10	\$30	\$95	\$160
Swim Patrol (Rookie, Ranger or Star)	\$30	\$95	\$160
Bronze Star, Medallion and Cross (8 weeks highly recommended)	\$35	\$120	\$200 (exam included)

Participant's Name	Program	Weeks Attending	Fee
		July 3-7 <input type="checkbox"/> July 10-14 <input type="checkbox"/> July 17-21 <input type="checkbox"/> July 24-28 <input type="checkbox"/> July 31-Aug 4 <input type="checkbox"/> Aug 7-11 <input type="checkbox"/> Aug 14-18 <input type="checkbox"/> Aug 21-25 <input type="checkbox"/>	
		July 3-7 <input type="checkbox"/> July 10-14 <input type="checkbox"/> July 17-21 <input type="checkbox"/> July 24-28 <input type="checkbox"/> July 31-Aug 4 <input type="checkbox"/> Aug 7-11 <input type="checkbox"/> Aug 14-18 <input type="checkbox"/> Aug 21-25 <input type="checkbox"/>	
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<b>Total</b>			

### Waiver

*This is my consent for my family (the "Participants") to participate in activities organized by the Kettles Association (the "Activities"). In consideration for the Participants being permitted to take part in the Activities, I hereby release and discharge the Kettles Association, its directors, officers, members, employees, agents, independent contractors and volunteers from all claims, actions, causes of action or demands, including claims in negligence, arising out of, or in any way connected with the Participants participation in the Activities, howsoever arising or caused. I declare that this release is binding upon me, my children and each of our heirs, executors, administrators and assigns. I further certify that the participants are all covered by OHIP and/or private health insurance.*

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

Name (please print): \_\_\_\_\_

-----Staff Use Only-----

Payment	Total Amount	Programs
<input type="checkbox"/> Cash  <input type="checkbox"/> Cheque # _____		<input type="checkbox"/> swimming _____ <input type="checkbox"/> sailing _____ <input type="checkbox"/> crafts _____ <input type="checkbox"/> membership _____