Red Cross & Lifesaving Swimming Lessons Mowat Pool: 2018-2019

620 Scugog Line 4
Port Perry, Ont.,
L9L 1B5
416-526-4671
905-985-6527

Prices in Effect September 1 2018

FAMILY INFORMATION	
Surname:	**Referred to Program by:**
Street:	**Hm. Ph:**
City:	**Postal Code:**
Parent 1 Name:	**email:**
Parent 2 Name:	**Bus/Cell Ph:**
	Bus/Cell Ph:

STUDENT INFORMATION	Child #1	Child #2	Child #3
Student's Surname			
Student's First Name			
Birth date (yyyy/mm/dd)			
Health Card Number (optional)			
Level (Red Cross/Lifesaving)			

Program Lifesaving Programs School Year Only		# Class	Session Dates Sunday from 10:00am-12:00pm Thursday from 5:00pm-7:00pm	Child #1 no discount	Child #2 5% discount on 2nd child	Child #3 10% discount on 3rd child
School Year	PO# 241	**26**	**Sunday** October 14th – June 2nd	586.89	557.55	528.20
	PO# 242	**30**	**Thursday** October 11th – May 30th	677.19	643.33	609.47
Fall	PO# 243	**10**	**Sunday** October 14th – December 16th	266.83		
	PO# 244	**10**	**Thursday** October 11th – December 13th	266.83		
Winter	PO# 245	**7**	**Sunday** January 13th – March 3rd	186.78		
	PO# 246	**9**	**Thursday** January 10th – March 7th	240.15		
Spring	PO# 247	**9**	**Sunday** March 24th – June 2nd	240.15		
	PO# 248	**11**	**Thursday** March 21st – May 30th	293.51		

LIFESAVING NOTES:

Patrol & Bronze must take school year program
Bronze Manual, Exam & Cert Fees:
Star $25.00
Medallion/Cross $100.00
Due with Registration

Program	Payment By: Cheque Or E-Transfer	Payment	Cheque or E-transfer #	Office Use
School Year Registration **Paid In Full Upon Registration**	Paid In Full Upon Registration - No Processing Fee			QB OL EML SCH
School Year Registration **4 Equal Payments Plan** $25.00 Processing Fee Due with Registration	1. Registration Date - **PLUS $25.00 Processing Fee (HSTincl.)**			Prices DO NOT include HST 10% Discount for New Clients Check out the Referral Rebate
	2.Post Dated - October 1 2018			
	3.Post Dated - November 1 2018			
	4.Post Dated - January 1 2019			
Per Term Registration - **Fall**	Due Upon Registration			
Per Term Registration - **Winter**	Post Dated - November 1 2018			
Per Term Registration - **Spring**	Post Dated - February 1 2019			

FOR MORE INFORMATION Email: lisagraves@crossleyaquatics.com OR VISIT OUR Website: www.crossleyaquatics.com

Red Cross Swim

HIGH FIVE
The best way to play™

LIFESAVING SOCIETY®
The Lifeguarding Experts

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CAMP/SWIMMING PROGRAM OF CROSSLEY AQUATICS LTD.
(hereinafter called the "Program")

In consideration for participating in the Program and related events, I, the undersigned understand and agree on behalf of myself, my heirs, personal representatives, executors, next of kin, my successors and assigns that the execution of this agreement by me constitutes:

1. An Unqualified Assumption of All Risks associated with the Program.

2. A Full and Final release and waiver of liability of the Program, including without limiting the generality of the foregoing, CROSSLEY AQUATICS LTD. its officers, directors, agents, employees, other participants, advertisers, owners and/or lessors of the premises on which the Program takes place (collectively called the "Releasees" and individually the "Releasee") from any and all injuries, losses, damages, losses to personal property, claims and liabilities arising out of my participation in the Program.

3. An acknowledgement that I am unable to sue the Releasees for any loss, injury, costs, damages however caused or arising out of my participation in the Program, whether directly or indirectly. Such acknowledgement constitutes a complete defence to any claim I may advance against the Releasees in the future and shall be a bar to such claim.

4. My Indemnity to the Releasees to hold and save harmless, the Releasees or any of them from any litigation expense, legal fees, liabilities, damages, award, order, judgment, costs or proceedings of any form or type whatsoever which may arise out of participation in the Program.

5. A representation and warranty to the Releasees that I am healthy, fit and able to participate in the Program and there is no pre-existing health condition which would cause or contribute to any injury or prevent me from participating in the Program.

I have read and understand the above provisions and they are true and accurate in all respects. I acknowledge that the Releasees are relying upon the above assumptions, release and waiver, acknowledgements, indemnities and representations and warranties for my participation in the Program.

PARTICIPANT'S SIGNATURE _____ PRINTED NAME _____

DATE _____ WITNESS _____

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION
This is to certify that I, as parent/guardian, with legal responsibility for this participant, do consent and agree to his/her release as provided above, all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

PARENT/GUARDIAN SIGNATURE _____ WITNESS _____

DATE _____ EMERGENCY PHONE NUMBER _____

ACKNOWLEDGEMENT AND CONSENT
OF PARTICIPANT IN CAMP/SWIMMING PROGRAM OF CROSSLEY AQUATICS LTD.
(hereinafter called the "Program")

1. I confirm that I have read the Program Policy Brochure, understand its contents and agree to be bound by all the terms set out therein.

2. I accept that there is a risk of injury from participating in the activities in the Program. By following the rules and policies of the Program, use of proper protective equipment and exercising good personal judgment, the risk of injury may be reduced.

3. I agree to comply with the customary terms, practices and conditions of participating in the Program. I will not undertake or participate in any conduct during my participation in the Program which could constitute a significant risk of injury. I will immediately report to my instructor, counselor, Program director or Program management any conduct which constitutes a significant risk of injury.

4. I consent Crossley Aquatics Ltd. using any photographs taken while participating in the Program including publications in written materials and promotional materials, in house displays, website and internet without prior approval by the undersigned.

5. I consent to Crossley Aquatics Ltd. sending correspondence to me via emails regarding but not limited to registration, programs, upcoming events, etc.

PARTICIPANT'S SIGNATURE _____ PRINTED NAME _____

DATE _____ WITNESS _____

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION

PARENT/GUARDIAN SIGNATURE _____ WITNESS _____

DATE _____ EMERGENCY PHONE NUMBER _____