Name

First* Last*

Residential Address

Street*

City*, Province*, Postal Code*

Mailing Address

Street*

City*, Province*, Postal Code*

Contact Information

Phone* Home: ( ) Ext

Work: ( ) Ext

Cell Phone* ( ) @

Email Address*

Personal Information

Role in Family

Gender*

Date of Birth*

Geographic Area *

In case of emergency, contact:

Although not required, we strongly recommend specifying at least one emergency contact person.

Your emergency contact(s) should **NOT** be a contact within the same household, but rather an alternate contact in the local area.

PLEASE NOTE: The emergency contact is only contacted if we cannot reach the primary household contact (e.g. parent or guardian) that we already have on file.

1st Contact *

Relation*

Phone* **Home:** ( ) Ext

Other: ( ) Ext

Questions

Do you have a serious allergy that would require you to bring medication to the pool?

How did you hear about us?