

Family name _____
Last name First name Initial

Phone number _____
Evening Phone number Daytime Phone Number Email (to receive promotional Recreation Program Information)

Address _____
Street address
City Province Postal code

Emergency contact _____
Name (different from above) Phone number

Registrant _____
First name Last name (if different than above)

Birthdate _____ male female
(mm/dd/yy)

Lesson Day/Timeslot _____ Level Registering In _____ School Name _____

Specify any medical or special needs we should be aware of or if EpiPen use is required.

(additional forms may be required if medical or special needs are identified)

Collection and use of personal information

This personal information is being collected in accordance with the *Municipal Government Act* and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. The information will be used to facilitate and coordinate school aquatic program registrations. This information will also be used for the promotion of new programs or activities so that we can provide you with good customer service. If you have any questions about the collection and use of your information, contact the Coordinator, Central Services, Recreation, Parks and Culture at (780) 467-2211.

Office use only Customer number _____ Date processed _____ CSR initials _____