



REGISTRATION FORM

335 Tennyson Drive
Oakville, Ontario, L6L 3Y8
Tel: (905) 465-0604

FAMILY INFORMATION

Guardian Name: _____
Address: _____ Postal Code: _____
E-mail Address: _____
Home Phone: _____ Business Phone: _____
Emergency Contact: _____ Emergency Number: _____

PARTICIPANT INFORMATION

Participant Name: _____
Birth date (M/D/Y): _____ Age: _____
Medical Condition/Special Needs: Y N _____
Last Level Completed: _____ Where: _____

Participant Name: _____
Birth date (M/D/Y): _____ Age: _____
Medical Condition/Special Needs: Y N _____
Last Level Completed: _____ Where: _____

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Birth date (M/D/Y): _____ Age: _____
Medical Condition/Special Needs: Y N _____
Last Level Completed: _____ Where: _____

Method of Payment: Cheque Cash Amount Paid: \$

Note: There will be no make-up classes for missed lessons. Missed lessons are the responsibility of the client. We apologize for any inconvenience this may cause. Thank you. Atlantis School of Swim Inc.