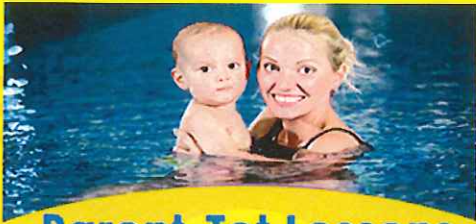


**WINTER 2019**



**Parent-Tot Lessons**



**IN PERSON  
REGISTRATION  
SAT DEC 15TH  
11 - 1 PM**

**Parents swim with your tot ages 3 months to 36 months:**

|           |          |                    |
|-----------|----------|--------------------|
| TUESDAYS  | 10:00 AM | Ages: 3-24 months  |
| TUESDAYS  | 6:30 PM  | Ages: 3-24 months  |
| THURSDAYS | 10:00 AM | Ages: 3-24 months  |
| SATURDAYS | 9:15 AM  | Ages: 3-24 months  |
| SATURDAYS | 9:45 AM  | Ages: 12-36 months |
| SATURDAYS | 10:15 AM | Ages: 3-24 months  |
| SATURDAYS | 10:45 AM | Ages: 12-36 months |

30 minute program for 10 weeks for \$85.00

**Preschoolers learn to swim with instructor (No parent):**

|           |          |                 |
|-----------|----------|-----------------|
| TUESDAYS  | 4:45 PM  | Ages: 3-5 years |
| SATURDAYS | 9:15 AM  | Ages: 3-5 years |
| SATURDAYS | 9:45 AM  | Ages: 3-5 years |
| SATURDAYS | 11:15 AM | Ages: 3-5 years |

30 minute program for 10 weeks for \$95.00

**January 8 - March 30**

**No classes on Family Day Weekend (Feb 16th) and March Break (Marh 23rd)**

Complete form on the reverse side and bring it along with payment (cash or cheque)

**Inquires: 905-627-3541 x 2911**

# REGISTRATION FORM

Please complete one registration form per child

|                                      |  |                    |            |
|--------------------------------------|--|--------------------|------------|
| Participant                          | First Name: _____                                | Last Name: _____   | Age: _____ |
| Address:                             | Street: _____                                    | Unit#: _____       |            |
|                                      | City: _____                                      | Postal Code: _____ |            |
|                                      | Phone #: _____                                   | Alternate#: _____  |            |
| Parent/Main Contact Name:            | Relationship to participant: _____               |                    |            |
| Parent/Main Contact Signature: _____ |  |                    |            |
|                                      | Phone#: (if different than above) _____          |                    |            |
| Program: _____                       | Day/Time: _____                                  |                    |            |
| Office Use Only:                     | Type of payment: Cheque <input type="checkbox"/> | Receipt # _____    |            |
|                                      | Cash <input type="checkbox"/>                    |                    |            |
| Staff/Witness signature: _____       | Date: _____                                      |                    |            |

***Payments by cash or cheque. Cheques should be made payable to "St. Joseph's Villa".***

***Receipts are issued at time of payment and are eligible for the Canadian Fitness Tax Credit. A \$10.00 will be charged to re-issue a lost receipt. No refunds, only credit for future programs.***



I accept full responsibility for any and all uses that I may have of the Swimming Pool and its programs at St. Joseph's Villa, 56 Governor's Road, Dundas, Ontario, L9H 5G7. I agree to obey staff, facility rules and health regulations during all programs. Any breach of these rules could result in termination of my participation without refund. In case of emergencies, I understand that staff will call 911 for transport to nearest emergency facility. I hereby agree to release, hold harmless and indemnify St. Joseph's Villa, its owners, employees and all affiliated organizations from all causes of action, suits, claims, liability, damages and demand of any kind, whether direct, indirect, special, exemplary or consequential from any injury, including death sustained by myself/dependent from participating in the pool programs. By signing above I have declared I have read, understood and agreed to all terms of participation.