



COMMUNITY SERVICES DEPARTMENT
322 MAIN STREET, BOX 759
EXETER, ON N0M 1S6

PHONE: 519 235 0310 EXT. 303
WEBSITE: WWW.SOUTHURON.CA
EMAIL: COMMUNITYSERVICES@SOUTHURON.CA

Parent/Caregiver Name(s): _____

E-mail: _____

FULL Mailing Address: _____

Phone Number(s): _____ / _____

Emergency Contact: _____ Phone Number: _____

1) Name of Child: _____ DOB: _____

Program: _____ Time: _____

Start Date: _____ End Date: _____

2) Name of Child: _____ DOB: _____

Program: _____ Time: _____

Start Date: _____ End Date: _____

3) Name of Child: _____ DOB: _____

Program: _____ Time: _____

Start Date: _____ End Date: _____

Are there any allergies, health or other concerns staff need to be aware of?

I agree to release and save harmless the Municipality of South Huron, and its employees and other agents from any and all claims or other proceedings, regardless of who makes them, in respect of any damage or injury arising by reason of participation in this program.

I give permission for the Municipality of South Huron and its representatives to take photographs and/or videos of my child/myself during this program session for use in future promotional materials.

Parent/Caregiver Signature: _____

Swim Lessons: \$ _____ Swim Team: \$ _____

Swim Pass: \$ _____ Other: \$ _____

Total Program Fee: \$ _____ Payment Type: _____

Date of Payment: _____ Form Accepted By: _____

Personal information contained on this form is collected, maintained and used in accordance with the Municipal Freedom of Information and Protection of Privacy Act and said information will be used only to facilitate registration for Municipal programs, produce statistical reports, and provide inclusive programming. Questions about collection should be directed to the Municipal Clerk at 519-235-0310