



Kirkton-Woodham Pool Registration Form
70497 Road 164, Kirkton
 please email completed forms to pools@southhuron.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: _____