



953-4835

# Kinsmen Water Park Aquatic Lesson Registration Form - Summer 2012

Please complete this registration form, enclose a cheque or money order payable to the City of Prince Albert for the full registration fee(s) and drop off in person to the Kinsmen Water Park office or mail to: **Aquatic Program Registration**  
c/o Kinsmen Water Park - 1211 - 1<sup>st</sup> Avenue West  
Prince Albert, SK S6V 4Y8

**NOTE:**

Beginning May 1st, the Kinsmen Water Park OFFICE will be open Monday to Friday from 8:30 AM – 3:30 PM.  
The Kinsmen Water Park opens to the general public on Friday, June 1st, 2012

*NOTE: You will receive confirmation by mail.*

Contact Person / Guardian

|                  |                |   |  |                            |             |
|------------------|----------------|---|--|----------------------------|-------------|
| <b>Last Name</b> |                | <b>First Name</b>   |  | Relation to Participant(s) |             |
| Address          |                |   |  | City                       | Postal Code |
| Home Phone       | Business Phone | Email Address <i>(granting permission to have the City of Prince Albert Community Services Department send you monthly newsletters/bulletins and program updates)</i> |  |                            |             |
|                  | Cell Phone     |   |  |                            |             |

Participant #1

|                                     |          |                   |            |          |       |
|-------------------------------------|----------|-------------------|------------|----------|-------|
| <b>Last Name</b>                    |          | <b>First Name</b> |            | Age      | M / F |
| Swim Level (1 <sup>st</sup> Choice) | Location | Class Date(s)     | Start Time | End Time |       |
| Swim Level (2 <sup>nd</sup> Choice) | Location | Class Date(s)     | Start Time | End Time |       |

Participant #2

|                                     |          |                   |            |          |       |
|-------------------------------------|----------|-------------------|------------|----------|-------|
| <b>Last Name</b>                    |          | <b>First Name</b> |            | Age      | M / F |
| Swim Level (1 <sup>st</sup> Choice) | Location | Class Date(s)     | Start Time | End Time |       |
| Swim Level (2 <sup>nd</sup> Choice) | Location | Class Date(s)     | Start Time | End Time |       |

Participant #3

|                                     |          |                   |            |          |       |
|-------------------------------------|----------|-------------------|------------|----------|-------|
| <b>Last Name</b>                    |          | <b>First Name</b> |            | Age      | M / F |
| Swim Level (1 <sup>st</sup> Choice) | Location | Class Date(s)     | Start Time | End Time |       |
| Swim Level (2 <sup>nd</sup> Choice) | Location | Class Date(s)     | Start Time | End Time |       |

## RELEASE AND WAIVER OF CLAIM

(Please print) I, \_\_\_\_\_, participant or parent / legal guardian of child #1 \_\_\_\_\_,

child #2 \_\_\_\_\_ and child #3 \_\_\_\_\_, hereby acknowledge and agree that in consideration of his / her being permitted to participate in the Aquatics Program offered by the City of Prince Albert:

- I understand and acknowledge the risks inherent with the activities carried on under the program, and hereby accept and assume all such risks which I or the participating youth for whom I act as guardian may be exposed;
- I am sufficiently informed to represent to the City that the participant does not suffer any condition that may affect my or his/her ability to safely participate in the program. I also acknowledge that the City reserves the right to require a medical certificate in respect to my or his/her ability to participate;
- I acknowledge that the Sponsor and the City of Prince Albert are not warranting my or his / her safety while participating;
- I do hereby and forever release and hold harmless from liability the Sponsor and the City of Prince Albert and any employees, agents, or officers thereof from any property loss or personal injury claims that I or he / she may have as a result of being involved in the said program;
- I have carefully read and understand clearly that by signing this Release and Waiver of Claim, I will be forever prevented from suing or claiming against the Sponsor and City of Prince Albert or any employee, agent, or officer thereof for any property loss or personal injury that I or the youth may suffer while participating;
- I also acknowledge that the Sponsor and the City of Prince Albert would not permit me or him/her to participate unless I signed this Release and Waiver of Claim and agreed to comply with the rules and regulations as set out by the Sponsor and City of Prince Albert.

Date: \_\_\_\_\_ 20\_\_\_\_ Signature: \_\_\_\_\_ Witness: \_\_\_\_\_