



Registration Form

- Returning Participant
- New Participant

SESSION REGISTERING FOR: Fall Winter Spring Summer

PART A – FAMILY INFORMATION

Participant's Last Name _____ Participant's First Name _____

Age _____ Date of Birth _____

Current Swim Level _____

Email address _____ Phone # _____

Medical Notes _____

PART B – PROGRAM INFORMATION

LOCATION: **Humberside CI** - 280 Quebec Ave. **Delta Marriott** - 655 Dixon Rd.

Preferred day: 1st choice _____ 2nd Choice _____ 3rd choice _____

Preferred time: 1st choice _____ 2nd Choice _____ 3rd choice _____

Program type: Group _____ Private _____ Family Private _____ Semi-private _____

Additional Notes _____

PART C – PAYMENT METHOD

Total Fee _____

All payments will be made and processed to our company SWIM 101 Inc..

Method of Payment:

Cash _____ Expiry Date ____ / ____ CVV ____

e-transfer to: info@101sportsgroup.ca _____ Expiry Date ____ / ____ CVV ____

Card Holder's Name (Please Print) _____

Signature of Card Holder _____ Date _____

If you have any questions, please feel free to reach out to us at margie@101sportsgroup.ca

