Registration Form

(Use one form per child please)

Name:_____ Address:_____

Age: _____ Date of Birth: _____ Parent: _____

Phone: _____ Kidsport Application: Yes ____ No ____

1. SWIMMING LESSONS

a) Level_____ Time _____,_____
First Choice Second Choice

Session _____, _____ $_____
First Choice Second Choice

b) Level_____ Time _____,_____
First Choice Second Choice

Session _____, _____ $_____
First Choice Second Choice

2. SEASON PASS: _____ $_____

3. PUNCH PASS: _____ $_____

Total $_____

*If your first choice is not accepted, you will be contacted by the swimming pool. If you are not contacted please assume that your first choice was accepted!

Please drop off or mail to: Danielle Irons, Town of Unity, Box 1030 Unity, SK S0K 4L0

Cancellation Policy:

In order to receive your refund you must bring your receipt into the town office one week (1) prior to your selected lesson beginning.