

# **Lifesaving Society Swimming Lesson Registration**

Registration forms and payment will be collected at the Town Office.

Registration is not complete until registration and full payment have been received.

If you are unsure what level to register your child in, email recreation@eston.ca or call 306.962.4444

## **Swim Lesson Pricing**

Parent & Tot, Pre-School: \$35 Swimmer 1-6: \$55 Rookie, Ranger, Star: \$60

Set 1: June 16-26(excluding Fridays & Weekends)

Registration Deadline: June 6, 2025

Set 2: July 14-24(excluding Fridays & Weekends)

Registration Deadline: July 4, 2025

Set 3: August 5-8 & 11-14

Registration Deadline: July 25, 2025

#### **Participant Information**

riist maine	:		Last Name.	
Gender:	Male (Please	Female circle)	Date of Birth: _	(month/day/year)
		Parent/Guard	ian Information	
First Name	:		Last Name:	
	ne:			
What swim	lesson level wi	ll your child begin at:		
Please note	e that these date.	s include weekdays Mon	day to Thursday only, no	lessons will be held on

306-962-4444 eston.ca/pool recreation@eston.ca

Fridays or weekends. The Recreation Department will contact you via email with final lesson times.

### **Medical and Background Information**

Please complete the medical form and attach it to the registration form when submitting your registration.

#### **Consent**

I understand and agree that this information is being collected for the purpose of the Lifesaving Society Swimming Lesson registration and may be used to update the participants of upcoming activities he or she may be interested in.

It is a condition of participation that the child does so at his or her own risk. The Eston & District Recreation Committee is not liable in any way for loss, damage or injury resulting from participation in this program.

I understand that it is the responsibility of the parent/guardian to keep the Recreation Director and program staff informed of any change in the above information as soon as possible. In the event of an injury, if no one can be contacted, staff may take my child to a hospital or doctor if deemed necessary. I authorize doctors and nursing staff to examine, investigate and treat my child as necessary.

I authorize release of information to the appropriate parties and photos of my child to be taken and used for promotional purposes.

Signature	Date	
	OFFICE USE ONLY	
Total:	Receipt:	
Staff Initials:	Date:	

**D**