



COMMUNITY SERVICES DEPARTMENT  
322 MAIN STREET, BOX 759  
EXETER, ON N0M 1S6

PHONE: 519 235 0310 EXT. 222  
WEBSITE: WWW.SOUTHURON.CA  
EMAIL: COMMUNITYSERVICES@SOUTHURON.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.

**OFFICE USE ONLY**

Swim Lessons: \$ \_\_\_\_\_ Swim Team: \$ \_\_\_\_\_

Swim Pass: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Total Program Fee: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_

Date of Payment: \_\_\_\_\_ Form Accepted By: \_\_\_\_\_