

PARENT/GAURDIAN INFORMATION

Name _____

E-mail address _____

Phone # _____ (H) _____ (W)

_____ (Cell)

In case or emergency notify _____ at _____

Family Doctor's Name _____

Phone # _____

Is there anyone who is not permitted to pick up your child? _____

Waiver: I am aware that the staff and the **Town of Kentville** are responsible for my child/children upon his/her/their entering the pool premises; however, they assume neither responsibility nor liability for loss suffered by my child. The **Town of Kentville** also has the right to partially refund any registration and remove the child when a child has proven to be a hindrance to the operation of the pool program. This may be the result of medical conditions, discipline problems, and/or neglect with other children/ staff or other related circumstances.

Refund Policy: There will be an administration fee of \$10.00 above and beyond the proposed refund sum for each cancellation and/or refund processed by the **Town of Kentville**. There is a \$20.00 fee for any cheque returned NSF. For a two-week session in any of the town's summer pool programs a refund will be provided for one week if a child has taken part in five or less days of that program. No refund will be provided if the child remains in their respected program for six or more days. Requested refunds may take 7-14 days to process.

I understand the above liability waiver and refund policy.

Parent/Guardian's Signature

Date

For Office Use Only:

| |
|---------------------|
| Lesson type: _____ |
| Program Cost: _____ |
| Total: _____ |

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|---------------------|
| Lesson type: _____ |
| Program Cost: _____ |
| Total: _____ |

| |
|---------------------|
| Lesson type: _____ |
| Program Cost: _____ |
| Total: _____ |

Total Amount Due _____
Total Amount Paid _____
Chq Number _____

Money Received By: _____