

Recreation Programs – School Aquatic Lessons Registration

Kinsman Leisure Center, 2001 Oak Street, Sherwood Park, Alberta T8A 0W9 Phone (780) 464-2112 Fax (780) 464-8469

Family name: _____
Last name First name Initial

Phone number: Day _____ Evening _____ email _____
Evening Phone number/Daytime Phone Number/ Email (to receive promotional Recreation Program Information)

Street address: _____
City Province Postal code

Emergency contact: _____ ph. _____
Name (different from above) Phone number

Registrant (Student) _____
First name Last name (if different than above)

Birthdate _____ **Please Circle:** Male Female
(mm/dd/yy)

Lesson Day/Timeslot/Grade - Please Check:

_____ Tuesday 1:00-1:45 - Grade 1 _____ Tuesday 1:45-2:30 - Grade 3
_____ Thursday 1:00-1:45 - Grade 2 _____ Thursday 1:45-2:30 - Grade 4

Swimming Level Registering In _____ ("Do not Know" if unsure)

School Name: **Madonna Catholic School**

Specify any **medical or special needs** we should be aware of or if EpiPen use is required. _____

(additional forms may be required if medical or special needs are identified)

Collection and use of personal information

This personal information is being collected in accordance with the *Municipal Government Act* and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. The information will be used to facilitate and coordinate school aquatic program registrations. This information will also be used for the promotion of new programs or activities so that we can provide you with good customer service. If you have any questions about the collection and use of your information, contact the Coordinator, Central Services, Recreation, Parks and Culture at (780) 467-2211.

Office use only Customer number _____ Date processed CSR initials

REC 27021/B (P/W)