

ROSETOWN LEISURE AQUATIC CENTRE
2025 PRIVATE SWIMMING LESSON REGISTRATION

NAME: _____ SEX: _____ AGE: _____
(Surname) (Given name)

PHONE NO: _____ ADDRESS: _____

“TEXT ME”: _____ (check if you prefer this communication)

EMAIL ADDRESS: _____ (If you prefer this communication)

Life Saving Society Parent & Tot \$175.00

Parent & Tot 1 (6-12 months) _____ Parent & Tot 2 (12-24 months) _____

Parent & Tot 3 (24-36 months) _____

Lifesaving Society Preschool \$175.00

Preschool 1 _____ Preschool 2 _____ Preschool 3 _____ Preschool 4 _____

Preschool 5 _____

Lifesaving Society Swimmer \$175.00

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Lifesaving Society Patrol Rookie _____ Ranger _____ Star _____ \$175.00

Please Evaluate _____
(If unsure what level)

Preferred week for lessons (5 consecutive days): _____

PLEASE NOTE:

*Spots are limited per week (i.e. list a 2nd choice that would also work)

*All lessons must be paid by the first day of the lesson set.

*Please remember to use waterproof sunscreen and shower before swimming

*To us help keep our pool clean and virus free please do not send your child swimming if they are sick. (ie. vomiting, diarrhea)

Any physical conditions or disability (allergies/asthma/diabetic): _____ -

I hear by grant permission for the above named person to take swimming lessons at the Rosetown Leisure Aquatic Centre.

I give my permission for my child's name and photograph to be printed in local newspapers and media for RLAC advertisements and promotional programs

_____ Yes _____ No

(Name of parent/guardian)

(Signature of parent/guardian)

For office use only:

Cheque # _____ or Cash _____ E-Transfer _____ Other _____

Receipt # _____

*E-transfers can be sent to info@rosetown.ca – please indicated the child/s name the fee is for in the notes.