

## MIDNIGHT SUN COMPLEX – SWIMMING LESSON REGISTRATION FALL SESSION – SATURDAYS

## OCTOBER 7 – DECEMBER 16, 2017 (NO CLASS NOVEMBER 11 – REMEMBRANCE DAY)

Please Print								
Participant's Name:				Birth Date (m/d/y):				
Address:								
Name of Parent/Guard	dian:							
Work Phone:	Cell Phone:	Ema	Email:					
<b>Health Card Number:</b>		Emergency Cor	Phone:					
Medical History/Aller	gies:							
PLEASE NOT	E: REGISTRATION	SPACES ARE LIMIT	ED AND	ARE ON A FIRST CO	ME/FIR	ST PAID BAS	ilS	
PLE	ASE CHECK THE LE	VEL IN WHICH YOU	WOUL	D LIKE TO REGISTER	YOUR C	HILD.		
<u>11:00 – 11:45 a.m.</u>	\$ 73.50	Swimmer 4		Swimmer 5		Swimme	<u>er 6</u>	
<u>12:00 – 12:30 p.m.</u>	\$ 63.00	Pre-School 3		Pre-School 4				
<u>12:00 – 12:30 p.m.</u>	\$ 63.00	Swimmer 2		Swimmer 3				
12:30 – 1:00 p.m.	\$ 63.00	Pre-School 5		Swimmer 1				
12:30 – 1:00 p.m.	\$ 63.00	Pre-School 1		Pre-School 2				
				s (effective October				
· ·	vide the best possil the 5:00-7:00 time	_	nment f	or our students the I	Parent 8	Tot swim is	no longer	
Anyone not in	lessons MUST stay	behind the roped o	off obse	rvation area AT ALL	TIMES.			
				Paren	t/Guard	ian Initials		
Parent/Guardian Signature:				Cost:				
_						Cash	Debit	
				Type of Payment:		Visa	MC	
MSC Staff Signature:				Paid in Full:				
				staff signature				
PLEASE N	OTE: NO RECIN	DS WILL RE GIVEN	IINI FSG	ACCOMPANIED BY	Δ ΝΟΟΤ	OR'S NOTE		
I LLASE IV				ND <u>ONLY</u> WILL APPL		on sinoit,		