Registration Starts August 16/2016

(1) By Mail

FROM AUG. 16 - 21/16

Cheque or Money Order

NO CASH OR POSTDATED CHEQUES

Complete the mail-in form below, attach a cheque (NO CASH) for the required amount and mail to:

RECREATION OFFICE
P.O. Box 159
Summerland, B.C. V0H 1Z0

Your receipt will be mailed to you.

(2) Window Drop-Slot

FROM AUG. 16 - 21/16

Cheque or Money Order
NO CASH OR POSTDATED CHEQUES

Complete the mail-in registration form below, attach a cheque (NO CASH) for the required amount, put in sealed envelope and drop into window mail-slot at:

RECREATION OFFICE (Aquatic Centre)
13205 Kelly Avenue, Summerland

Your receipt will be mailed to you.

(3) Walk In

FROM AUG. 22/16

WALK-IN REGISTRATION
will be accepted and processed by our friendly staff.

Interac, Visa, Mastercard, Cash or Cheque.
No post dated cheques

RECREATION OFFICE (Aquatic Centre)
13205 Kelly Avenue, Summerland
Monday - Friday
8:00am - 4:00pm Aug. 16 - Sept. 2/16
8:30am - 4:30pm Sept. 6 onward

PLEASE MAKE CHEQUE PAYABLE TO THE DISTRICT OF SUMMERLAND

Mail-In/Drop Off Registration Form

Parent (Guardian) Full Name:

Mailing Address: _____

City: _____ **P.Code:** _____

Emergency Contact: _____

& Phone Number if different: _____

Day Phone # _____

Eve. Phone # _____

Email Address: _____

_____

Participant And Program Information

Participants First & Last Names	Birth date	Age (if under 19)	Program Title Example: SP1	Swim Level Example: Sea Otter	Days of Week & Time	Code#	Fee
2nd CHOICE OF PROGRAMS SHOULD 1st CHOICE BE FULL							
						TOTAL FEES	

WAIVER

I/We, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreational activities and agree that the District of Summerland, its employees, program instructors or officers shall not be liable for any injury or damage from participating in these activities. I/We declare having read and understood the above and consent to participate in the program acknowledging all the foregoing.

Signature of participant or parent/guardian
if participant under 19 years of age: _____ Date: _____

What class or program would you like to see us offer? _____