



*Region of Queens Municipality  
Recreation and Community Facilities  
Department*

*Mobile Aquatics : Program Application Form  
(Please Print Clearly)*

<b>Participant's Name</b> (first & last)	<b>Date of Birth</b>	<b>Health Card #</b>	<b>Expiry</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Level</b>	<b>Session Dates</b>	<b>Location</b>	<b>Fee</b>	<b>Paid/Date</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Parent/Guardian Name:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Health Concerns:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**How did you learn about this program?** \_\_\_\_\_



*Release of Liability*

I understand that, although safety is a priority, parts of the \_\_\_\_\_ **program**,  
(Program Name)

being held on \_\_\_\_\_, will be physically challenging.  
(Date of Program)

I recognize therefore the risk of injury from participating in this program, and I hereby voluntarily assume that risk. I do further release the Region of Queens Municipality, its staff members, volunteers, and Council from all liability for any injury incurred to me, the participant, except those caused by negligence, and agree to seek no legal recourse in the event of such injury as against the Region of Queens.

**Signed:** \_\_\_\_\_  
(Parent or guardian if under 19 years of age)

**Date:** \_\_\_\_\_

\*\* If you do not understand any part of the waiver form, please ask one of our staff to explain it to you.