



The Towns of Bruce Mines and Thessalon and the
Townships of Plummer Add'l, Johnson, and St. Joseph

2017 Child Summer Swim Program

*****REGISTRATION DEADLINE IS THURSDAY, JUNE 29, 2017*****

WHO:	Children 4 years and older.
PERIOD:	9 Days (After long weekend in August)
WHEN:	Tuesday, August 8 to Friday, August 11 Monday, August 14 to Friday, August 18
FEE:	\$165.00/child
WHERE:	John Rhodes Community Centre Pool, Sault Ste. Marie, ON
SCHEDULE (times for each municipality TBA and are subject to change):	
8:45 a.m.	Bus leaves Thessalon - Little School
tba	Plummer / Bruce Mines – Arthur Henderson Public School
tba	Johnson - Desbarats Service Station parking lot - Hwy. 17
tba	St. Joseph – 17E Trading Post (Hwy 17 & Island Turnoff)
10:30-11:15 a.m.	Swim Program
Noon	Lunch & Play Time at Bellevue Park (Parents to provide packed lunch)
1:00 p.m.	Depart Sault Ste. Marie (return times to be confirmed)

NOTE: This is a break-even program. 40 swimmers are needed to run the program; if not met it will be cancelled and fees will be returned. Registration is on a first come, first serve basis.

CHILD MUST REGISTER FOR ALL 9 DAYS which is sufficient time to complete one swim level.

SUPERVISION: There will be up to 8 supervisors on the bus, supplied through participating township student programs and volunteers. All children will be supervised at all times

i.e. pool, change rooms, picnic areas and bus. Parents/guardians may ride the bus with their children however, space is limited so if you wish to volunteer, please register early.

VOLUNTEERS ARE NEEDED; if you can help please let your municipality know!

Should you wish to pick up your child from the Rhodes Centre, please inform your community supervisor **before leaving.**

CONTACT YOUR MUNICIPAL OFFICE FOR:

- **More Information**
- **Forms (will also be distributed in schools)**
- **Registration & Payment**
 - Payment due at time of Registration
 - Payments in a sealed envelope can be sent to school with your child or paid at your municipal office. Cheques to be made out in the name of **YOUR** participating municipality or township.
 - **No Refunds After Registration Date Unless Program Is Cancelled**



Towns of Bruce Mines and Thessalon and Townships of Plummer Add'l, Johnson, and St. Joseph Swim Program Registration Form 2017

(PLEASE PRINT. PLEASE USE A FORM FOR EACH CHILD)

Child's Name:

Age:

Sex:

**Child's Birth Date:
Child's Doctor and
Health Card #:**

Swim Program Level (YMCA or Rhodes, if applicable):

Any Allergies, if yes, what: _____

Parent/Guardian's Name:

Can Volunteer? _____

Address:

Home Phone:

Email:

Work/Cell #

Please see reverse for program details and fees.

I am including payment of: \$_____ for (number of)_____child/children.

Municipality in which child **will be picked up:** _____

Please provide a list of names of Guardians, apart from the parents, who may pick up your child.

The Towns of Thessalon and Bruce Mines and the Townships of Plummer Add'l, Johnson, and St. Joseph reserve the right to cancel program due to insufficient enrolment.

I, the undersigned (legal parent/guardian) in registering for this Program, agree to abide and be governed by all its prescribed by-laws, rules, regulations, policies, principles and philosophies. I certify the child registered here to be physically fit for participation in the program and acknowledge full risk related to the program. I understand that any information collected on this form will be used for the Recreation Program only and will not be passed on to any third parties. I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Towns of Bruce Mines and Thessalon and the Townships of Plummer Additional, Johnson and St. Joseph and their representatives, successors and assigns for any and all injuries suffered by myself or my child as part of the 2017 Swim Program. I hereby authorize my child's involvement in the Towns of Bruce Mines and Thessalon and the Townships of Plummer Add'l, Johnson, and St. Joseph Swim Program for 2017:

**Parent/ Guardian
Signature:**

Date:

Alternate Contacts:
(in case of emergency*)

Name, Cell Phone Number, Email:

*In case of an emergency and listed contacts cannot be notified, the registrant will be taken to the closest Emergency Medical location.

**Amount Paid:
office use only**