



# Parent~Tot Registration

- ⇒ Save this form to your computer
- ⇒ Complete and sign form and then email it back to [h2ofit@rogers.com](mailto:h2ofit@rogers.com) as an attachment

Parent first name \_\_\_\_\_ Last name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Child's first name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Any health conditions \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*Office Use Only*

Session: JF MA MJ  
          JA SO ND

Date rec'd: \_\_\_\_\_

Conf. Rec'd

DB

Elavon

## Class Details

Session \_\_\_\_\_ Class type \_\_\_\_\_

Location \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

## Credit Card Payment Authorization

Credit card type   **Note:** Combined debit/credit cards are not accepted

Credit card number 

Expiry date \_\_\_\_\_ Cardholder name *(as it appears on card)* \_\_\_\_\_

Billing address for credit card

Street \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal code \_\_\_\_\_

I hereby authorize H2O~FIT to charge my credit card per the fee schedule listed on the h2ofit.com website. Fees will be charged to credit card on or after the 15th day of the month preceding the session.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Notice to Parents

- Participants shall only enter pool facilities during the times of their registered classes (or scheduled make-up classes). Access to facilities is not permitted at any other time.
- Parents shall ensure that their child wears a properly fitted swimsuit diaper. **Suit must be fitted tightly around thighs and abdomen.**

## Waiver of Liability

I agree to forever release, discharge, full indemnify and save harmless, H2O~FIT, its directors, employees, volunteers, business operators, agents and site property owners or occupiers (the "Organization"), and their assigns from any and all claims, demands and expenses whatsoever on account of damage to or loss of property, physical or mental injury or death.

I acknowledge my obligation to immediately inform the nearest employee of the Organization if I feel any pain, discomfort, fatigue, nausea or other symptoms that I may suffer during and immediately after my participation in athletic activities with the Organization. I understand that I may stop participation at any time, and I may be requested to stop by an employee of the Organization who observes any symptoms of distress or abnormal response.

I hereby affirm that I have carefully read, fully understand and agree to the above. I understand that this waiver is binding on myself and my Legal Representatives.

Participating Parent \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_