

2025 Summer Swim Registration

Name of Participant:	Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	Postal Code:
Name of Parent/Guardian:	Home Phone:	Cell Phone:
E-mail address:	Emergency Contact Name:	Emergency Contact Phone:

Allergies/Medical conditions (If yes, please specify):

Last level completed: Was the participant in a NK swim program last year? Yes No

** A Parent/Guardian must accompany participant(s) registered in a swim program; immediate access to the participant(s) Health Card Number and any other pertinent medical information is recommended.

Swim Lessons (30-minute duration per lesson):

\$60.00, per participant / \$100.00, two participants / \$140.00, three or more participants

*Multiple participant discount is applicable only to immediate family

Lifesaving Society (45 to 60-minute duration per lesson):

\$130.00 per participant, plus \$50.00 for course manual and \$50.00 for course exam

Lesson Locations:

- Chandos Beach, 2821 County Road 620, Apsley, ON, K0L 1A0
- Quarry Bay Beach, 1986 Northey's Bay Road, Woodview, ON, K0L 3E0
- Jack Lake, Anchorage Marina, 1031 Jack Lake Road, Apsley, ON, K0L 1A0

Registration deadline:

Session 1: Preferred registration deadline, Monday, July 7, 2025

Last minute on-site registration at Quarry Bay Beach from 9:00 to 10:30 am and Chandos Beach from 11:30 am to 1:00 pm on July 7, 2025.

Session 2: Preferred registration deadline, Monday, July 28, 2025

Last minute on-site registration to occur at Chandos Beach from 9:00 to 10:30 am and Jack Lake from 11:30 am to 1:00 pm on July 28, 2025.

Please check or circle each program and level the participant is interested in

Session 1		Session 2	
Monday to Friday July 8 to 25, 2025		Monday to Friday July 29 to August 15, 2025	
Chandos Beach	<input type="checkbox"/>	Chandos Beach	<input type="checkbox"/>
Ages 3 to 18 1:00 to 4:00 pm	Swim Lessons	Ages 3 to 18 9:00 am to 12:00 pm	Swim Lessons
Quarry Bay Beach	<input type="checkbox"/>	Jack Lake	<input type="checkbox"/>
Ages 3 to 18 9:00 am to 12:00 pm	Lifesaving Society	Ages 3 to 18 1:00 to 4:00 pm	Lifesaving Society

For North Kawartha Staff Use Only

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Payment Rec'd: <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque	NK Staff Init.:	Registration Grand Total:
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SummerSwimProgramWaiver

Understanding that swimming and swim lessons may result in injury and, in consideration of the acceptance of my application and the permission to participate in the North Kawartha Swim Program, I, for my self, my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge the Corporation of the Township of North Kawartha, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property howsoever caused, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

By submitting this entry, I acknowledge having read, understood and agreed to the above waiver, release, and indemnity. I Warrant that _____ is physically fit to participate in this event.

(Participant name)

Signature of Participant: _____

Date: _____

If under 18 years of age, Parent or Guardian to sign below

Signature of Parent/Guardian: _____

Date: _____

Personal information is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purpose of registration and participation in the Township of North Kawartha Swim Program.

Photo Waiver

I, _____, hereby give permission for the Township of North Kawartha to use any photos taken of my child during this event in publications, Township website and/or Social Media applications.

Signature of Participant: _____

Date: _____

If under 18 years of age, Parent or Guardian to sign below

Signature of Parent/Guardian: _____

Date: _____