



Town of St. Stephen

Parks & Recreation Department

2016 Swim Program Registration Form

Participant's Name: _____ Male ___ Female ___

Age: _____ Birth date: _____

Month day year

Medicare Number: _____ Expiry date: _____

Address: _____

Email Address: _____

Allergies/Medical Information: _____

Parent/Guardian: _____ Phone: (H) _____

(W) _____ (cell) _____

(Staff only to fill in below)

Name of Program

Session Number

Fee

Total: _____

Paid by: Cash OR Cheque

Invoice # : _____

Cash or cheque only. Please make all cheques payable to Town of St. Stephen