



# Midale Swimming Pool Public Group Swimming Lesson Registration Form 2026

Please complete registration form thoroughly.

No child shall be registered unless registration form is complete and payment is received.

**One registration form per participant.**

**Please contact the pool at 639-460-7177 to book your lesson times.**

CHILD'S NAME: \_\_\_\_\_  
Last First Initial

ADDRESS: \_\_\_\_\_  
Box # City/Town Postal Code Email Address

DATE OF BIRTH: \_\_\_\_\_  
Day/ Month/ Year  FEMALE  MALE

Does your child have any special needs or medical conditions that Aquatic Staff should be aware of? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

## PUBLIC SWIMMING LESSONS July 27-August 7 2026

\$60 (Under 5)	\$70 (5 years +)	\$80
Parent & Tot 1-3	Swimmer 1-6	Swimmer 7-9
Preschool 1-5		(Patrol Levels)

### PLEASE CHOOSE A LEVEL

____ Parent & Tot 1	____ Preschool 1	____ Swimmer 1	____ Swimmer 7
____ Parent & Tot 2	____ Preschool 2	____ Swimmer 2	(Rookie Patrol)
____ Parent & Tot 3	____ Preschool 3	____ Swimmer 3	____ Swimmer 8
(ages 1-3)	____ Preschool 4	____ Swimmer 4	(Ranger Patrol)
	____ Preschool 5	____ Swimmer 5	____ Swimmer 9
	(ages 3-5)	____ Swimmer 6	(Star Patrol)

\$ \_\_\_\_\_ Method of Payment:  Cash  Cheque  Debit  E-transfer  
E-transfer to [midalepool@sasktel.net](mailto:midalepool@sasktel.net)

**Participation Waiver:** This signed consent form allows your child to participate in all supervised activities listed on this registration form. The Town of Midale and its employees are not responsible for any claim, loss, injury, or damage to persons or to property, suffered during this time.

Parent/ Guardian Initials: \_\_\_\_\_

**Our Privacy Commitment:** The Town of Midale is committed to protecting your privacy. The personal information contained on this form is collected by the Town of Midale for the purpose of administering recreational programs. It will be kept secured and confidential and will be used only by administrative staff or those who need to know.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date