

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Child's Name	Age	Member Status	Level/Program	Day	Time	Additional Information
First: Last:		New Returning				Allergies: Epipen: Y <input type="checkbox"/> N <input type="checkbox"/> Anything else we need to know:
First: Last:		New Returning				Allergies: Epipen: Y <input type="checkbox"/> N <input type="checkbox"/> Anything else we need to know:
First: Last:		New Returning				Allergies: Epipen: Y <input type="checkbox"/> N <input type="checkbox"/> Anything else we need to know:

Disclaimers:

- All participants must be a registered member of BGC Dovercourt Club
- General information and Policies are on our website at www.dovercourtkids.com

Contact Information:

info@dovercourtkids.com | 416-536-4102

Office Use Only:

Registered by (Initial): _____ Date: YY / MM / DD

Name added to Swim Binder Y N

Paid \$

Debit [] Credit [] Cash [] Cheque [] #: _____

Parent/Guardian Signature

Date