GUEST PASS				
Name:	Date:			
Name:	Date:			

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## LAKESHORE POOL RECREATIONAL REGISTRATION FORM 2023 Access to recreational swim weekdays as of 16h and on weekends

Family Name: (used by children)		Telephone:						
Address: Email:			Postal Code: # of Children:					
Adult 1 Name: Multi Card # (Required)		Adult 2 Name: Multi Card # Required						
Emerg. Contact 1:		Emerg. Phone 1:						
Eme	Emerg. Contact 2:		En	Emerg. Phone 2:				
	ysitter's Name: blicable)			-				
	Family		Reside Until June		Until Ju		After June 18	
	Family		\$250		-	285	+\$20	
Payme Memb	Individual (12 ent: \$ er		\$125 neque 🗍 (	ash		40. New Me	+\$10 mber	Lxisting
Child's Name Multi Card # (Require		d) .	Date of Birth (D/M/ Medic Alert/Allergies/EpiPen					
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1.	iniid's Name	Multi Care	a # (Nequile			illouid Al	eruAllergies/Epir	ens*

<sup>\*</sup> Please let the lifeguards know if you or a member of your family has a history of health problems such as allergies, heart conditions, diabetes, asthma or epilepsy.

## Registration Day, Saturday May 27, at the pool 10am - 2pm.

## NO REFUNDS ON MEMBERSHIPS PLEASE SEE WEBSITE FOR ALL RULES & POLICIES Admission to the pool will only be permitted with a Pte Claire Multicard & Summer 2023 Sticker

Member Signature	_ Parent Signature(If under 18)
I give permission for photos of the persons registered on this form to be used for Lakeshore Pool promotions including all social media platforms.  Adult Signature:	