Wetaskiwin Orcas Lifesaving Club

Registration Form

Orcas: 2026/2027

Swimmer Information						
Last:					First:	Birth Date:
Address:					City:	Year _____
Postal Code:					Cell Phone:	Month _____
Gender		F		M	Email:	Day _____
Any Medical Concerns the coaches should be aware of:						

Guardian #1 (if swimmer is under 18)	Guardian #2 (if swimmer is under 18)
Last:	Last:
First:	First:
Cell Phone:	Cell Phone:
Email:	Email:

Emergency Contact INFO (if swimmer is under 18)	
Last Name:	First Name:
Cell Phone:	Email:

Recreation Squads (Please place initial by the squad of your choice)

Initial	Squad name	Cost	Practice days	Time	Season
	Killer Whales Group A	$400.00	M, W,	4:00-4:30pm	Oct 7, 2026 - March 24, 2027
	Killer Whales Group B	$200.00	T. Th	4:00-4:30pm	Oct 8, 2026 – Dec 17, 2026
	Killer Whales Group C	$200.00	T, TH	4:00-4:30pm	Jan 12 – Mar 25, 2027
	Beginner Rec Group A	$400.00	M, W,	4:45-5:30pm	Oct 7, 2026 - March 24, 2027
	Beginner Rec Group B	$200.00	T. Th	4:45-5:30pm	Oct 8, 2026 – Dec 17, 2026
	Beginner Rec Group C	$200.00	T, TH	4:45-5:30pm	Jan 12 – Mar 25, 2027

Early Bird Registration 10% off registration fee. Applies from the opening of registration until the start of the first practice. To receive the early bird rate, registration fees must be paid in full before the start of the first practice.

Competitive Squads (Please place initial by the squad of your choice)

Initial	Squad name	Cost	Practice days	Time	Season
	Competitive 2 Day Group A	$510.00	M, W	4:00-5:30pm	Oct 5, 2026-March 31, 2027
	Competitive 2 Day Group B	$510.00	T, TH	4:00-5:30pm	Oct 6, 2026 -April 1, 2027
	Focus	$663.00	M, T, W, TH	5:30pm-7:00pm	Oct 5, 2026-April 1, 2027

All Competitive squads include a $50.00 Lifesaving Activation Fee included in the cost

Early Bird Registration 10% off registration fee. Applies from the opening of registration until the start of the first practice. To receive the early bird rate, registration fees must be paid in full before the start of the first practice.

Other (Please place initial by the squad of your choice)

Initial	Squad name	Cost	Early Bird	Practice days	Season
	Junior Coaching	FREE		M,T,W,TH,F	TBD

Wetaskiwin THE CITY WE SHARE.

LIFESAVING SOCIETY® The Lifeguarding Experts

MANLUK CENTRE WETASKIWIN REGIONAL AQUATICS & FITNESS

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Member Agreement (Parent/Guardian Agreement if under 18)

The City of Wetaskiwin reserves the right to refuse and/or revoke applications. I agree to pay the membership and training fees as described for my child's/my swim program unless otherwise sponsored. I have read and agree to abide by the team policies & procedures, swimmer, and parent code of conduct. I give permission to the City of Wetaskiwin to enter required information to the Lifesaving Society being as the WOLC is a registered LSABNT club.

In consideration of acceptance of this application, or my child being permitted to take part in this event, I hereby agree as follows:

1. To save harmless and keep indemnified the City of Wetaskiwin, its organizers and their respective agents, officials, servants and representatives from and against all claims, actions, costs and expenses and demands in respect of death, injury, loss or damage to me or my child(ren's) person, howsoever caused, rising out of or in connection with my or my child(ren) taking part in this event but not limited to taking part in this event, and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies or any of them, their agents, officials, servants or representatives.
2. That I acknowledge that there are inherent risks associated with this activity and that I or my child(ren) could sustain personal injury through participation in this event and I am hereby accepting to take that risk on behalf of myself or my child(ren).
3. I shall accept the responsibility of observing and supervising my child(ren)'s participation in this activity and should I have any objection to the manner in which my child(ren) or myself are being supervised or instructed, I accept the responsibility to remove myself or my child(ren) from the activity. I also acknowledge that in some instances the behavior and skills of some patrons may warrant guardians being present as well.
4. I agree that all children under the age of 8 are to be supervised while within the facility and are to be accompanied in the changerooms before and after practice times.

This agreement shall be binding upon my heirs, my executors, and myself.
IN WITNESS WHEREOF I have hereunto set my hand and seal this _____ day of _____, 20___.

Signature: _____

Employee Signature: _____

The personal information being requested on this form is being collected in accordance with the Access to Information Act (ATIA and Protection of Privacy Act (POPA). If you have any questions about the collection and use of the information, contact the Access to Information and Protection of Privacy Officer at 780.361.4400 ext. 8833 or at 4705 50 Avenue Wetaskiwin, Alberta, Canada T9A 2E9.