

**TOWN OF OSLER
PADDLING POOL REGISTRATION FORM**

As the parent or legal guardian of the child(ren) named below, I hereby give my full consent and approval for my child(ren) to use the Osler paddling pool.

I understand that there are certain risks associated with swimming and pool activities, and I am willing to assume these risks on behalf of my child(ren). In addition to giving my full consent for my child(ren)'s participation, I do hereby waive, release and hold harmless the organization named above, its members, officers, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the paddling pool and the activities incidental thereto, whether the result of negligence or otherwise. I understand that the staff members at the Osler Paddling Pool are supervisors and not trained lifeguards. Please note that your child(ren) come prepared with sunscreen and/or bug spray. Pool Operators are not allowed to administer either of these products due to possible allergies. All children 7 years of age and younger must be accompanied by an adult.

Parents Name: (please print): _____

Address: _____

Phone #: _____ Number of Children _____

(Please print name as it should appear on the pass)

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

(please use back of form if more space is needed)

Please list any physical limitations that you feel we should be aware of: (allergies, hearing, sight, etc.)

Emergency Contact Name: _____

Emergency Contact Number: _____

Parent / Guardian Signature: _____

Date: _____