POOL PARTY

Band of Colours+ • Steinbach Aquatic Centre (Outdoor Pool)

UNDER 18 REGISTRATION & PARENT/GUARDIAN CONSENT

This form must be completed by a parent or legal guardian and returned before August 22, 2026.

Participant Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Medical Information

☐ No known medical concerns

☐ Allergies: _____

☐ Medications: _____

☐ Medical Conditions: _____

☐ Non-swimmer ☐ Beginner ☐ Intermediate ☐ Strong swimmer

Permissions

☐ I give permission for my child to attend the Band of Colours+ Pool Party.

☐ I authorize emergency medical treatment if required.

☐ I have reviewed the event expectations with my child.

Photo Consent: ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____