

2011 SEASON POOL PASSES & FEES

Seasons Pass: No refunds once the pass is paid for and issued. (unless there is a medical issue and a doctor's note has been received – *the refund will be pro-rated*)

An administration fee of \$10.00 will be charged on all refunds.

Swimming lessons: A full refund less the \$10.00 administration fee for cancellations of more than 2 weeks. A refund of 50% for cancellations between seven (7) to fourteen (14) days and no refund less than 7 days notice.

	<u>Season</u>	<u>Monthly</u>	<u>10 Day</u>	<u>Day</u>
Family	\$225.00	\$100.00		\$15.00
Adult	150.00	75.00	45.00	5.00
Senior	125.00	60.00	30.00	3.50
Child/Youth (7-17)	125.00	60.00	30.00	3.50
Preschooler (2-6)	100.00	40.00	17.50	2.00

Tots (under 2) FREE: must be accompanied by an adult

***Family includes two adults and up to four children from the same household.**



	<u>1/2 hour</u>	<u>3/4 hour</u>	<u>1 hour</u>
Lessons (10 Lessons)	\$40.00	\$50.00	\$60.00

Bronze Medallion \$150.00 plus the cost of materials

Bronze Cross \$150.00 plus the cost of materials

Pool Rental

\$ 80.00 per hour (up to 40 people) \$100.00 per hour (over 40 people)

Town of Turner Valley
223 Main Street NE
Box 330
Turner Valley, AB TOL 2A0

Pool Phone: 403.933.7483
Municipal Office: 403.933.4944
Fax: 403.933.5377
Email: admin@turnervalley.ca



Dr. Lander Memorial Pool

207 Main Street NE
933-7483



Swimming Pool
Registration Form

Date: Monday, June 13, 2011
Flare and Derrick Community Centre

**Town of Turner Valley
Dr. Lander Memorial Swimming Pool
Registration Form**

Date: _____

Name: _____
Last Name First Name

Mailing Address: _____
Box # Town Postal Code

Residence: Turner Valley: _____ Black Diamond: _____
M. D. of Foothills: _____ Other _____

Telephone Number: Residence: _____ Business: _____
Cell _____

Email Address: _____

Date of Birth (if under 18): ____/____/____ Age: _____
Day/Month/Year

Level of swimming lesson : _____

*Please list any Medical conditions and allergies that the
instructors should be aware of:*

Date of Session: _____

For Office use Only:

Program Name: _____

Date: _____ Time: _____

Session: One ____ Two ____ Three ____ Four ____

Program fees payable: _____ Cash ____ Cheque ____

Receipt #: _____

Supervisor Signature: _____

**Town of Turner Valley
Dr. Lander Memorial Swimming Pool
Registration Form**

Please Read and Sign below !!!!!

1. Program fee must be made at the time of registration.
2. Cheques are to be made payable to the Town of Turner Valley. **Post dated cheques will not be accepted.**
3. Swimming lessons refund requests: A full refund less a \$10.00 administration fee for cancellations of more than 2 weeks. A refund of 50% for cancellations between seven (7) to fourteen (14) days and no refund less than 7 days notice.
4. Refund requests of less than 14 days will be given consideration for a full refund less the administration fee for serious medical reasons only. A serious medical reason is defined as an "illness or injury that prohibits the participant from attending the course". A copy of the medical certificate will need to be provided when requesting the refund.
5. I am aware that it is a condition of participation in an activity and/or program provided by the Town of Turner Valley, that the participant does so at his or her sole risk and the Town of Turner Valley is not liable for any loss, damage, injury or ambulance service resulting from or in connection with such participation.
6. In case of an accident requiring hospital treatment may we send the participant directly to the hospital by ambulance?
Yes: ____ No: ____
7. If we are unable to reach you by phone is there an alternative contact that we may call:

Name: _____ Phone # _____

Signature of participant (if over 18):

**Signature of parent or legal guardian
(if participant is under 18):**

This personal information is being collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose for which it is intended.