



Confirmed Payment Date : _____

SPRING 2026 - NCC SWIM REGISTRATION FORM

Nutrien Civic Centre

www.nutrienciviccentre.com

506.432.6100

info@nutrienciviccentre.com

240 MAIN STREET, SUSSEX, NEW BRUNSWICK E4E 1R3

NCC - SWIMMER DETAILS (WINTER SESSION)



First Name: _____

Last Name: _____

Sex: Male Female Other

Age: _____

Date Of Birth: ____ / ____ / ____
 DD MM YYYY

Last Swim Level Completed: _____
('N/A' - If Not Applicable)

Name Of Parent Or Gaurdian : _____

Entering Swim Level : _____

NCC - AGREEMENT OF RELEASE & WAIVER OF LIABILITY



I, _____, hereby agree to the following:
(If Participant Is Under 16, Use Parent / Guardian's Name)

1. That I am participating in Swimming Lessons offered by the Nutrien Civic Centre during which I will receive information and instruction about aquatics, including, but not limited to, lifesaving exercises, strength training and endurance swimming. I recognize that training programs require physical exertion that may be strenuous and could cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Swimming Lessons. I represent and warrant that I am sufficiently physically fit to participate in the Swimming Lessons instruction offered at the NCC and I have no medical condition that would prevent my participation.
3. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue NCC for any injury or death caused by their negligence or other acts of omission.
4. In consideration of being permitted to participate in Swimming Lessons offered by the NCC, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur because of participating in any of the programs.
5. In consideration of being permitted to participate in Swimming Lessons offered by the NCC, I knowingly voluntarily and expressly waive any claim I may have against the NCC for any injury or damages that I may sustain because of participating in this program.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name Of Participant : _____

Date : _____

Signature : _____

(SIGNATURE OF PARTICIPANT, OR PARENT / GUARDIAN - IF PARTICIPANT IS UNDER 16)

CONTACT INFORMATION & ADDRESS

Address: _____

City/Town: _____ Postal Code: _____

Phone(H): _____ Phone(C): _____

Email: _____

Do you consent to receive information from the Nutrien Civic Centre Via Email?

Yes

No

Additional Contact Name : _____

Phone : _____

Relationship : _____

(Additional Emergency Contact - OPTIONAL) :

Emergency Contact Name : _____

Relationship : _____ Phone : _____

Medical : Does Participant Have Any Medical Conditions We Should Be Aware Of? (If Yes, Please List Below)

Yes

No

NUTRIEN CIVIC CENTRE CANCELLATION POLICY

Cancellation up to the "day before" your 1st lesson will be granted a full refund minus \$25 admin fee. Cancellation day of lessons and after will only be granted a refund with a medical note & still forfeit the \$25 admin fee. If a Public Lesson is missed for any reason, it will not be rescheduled.

Private lessons will only be rescheduled at the discretion of the NCC, on a specific date & time & may be in a group class to expedite the process to ensure the next round of lessons start in a timely fashion.

PLEASE INITIAL : _____

(OFFICE USE ONLY) NCC SPRING 2026 SWIM LESSON DETAILS

NCC Member : Yes No Duration Of Class : 30 Min 45 Min

Swim Lesson Type : Private Public Other _____

Start Date : _____ End Date : _____

Assessed Level : _____ Swim Instructor : _____

Day Of The Week : _____ Time Of Day : _____

Payment
Processed On : _____ Staff Member : _____

(OFFICE USE ONLY)