



## Bassano Swimming Pool Aquafit Registration Form

### Participant Information

Participant Name \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Other \_\_\_\_\_

### Pass Information

Purchase Date	Amount Paid	Receipt #	Employee Initial



Bassano Swimming Pool  
253 6<sup>th</sup> Ave, Bassano, AB T0J 0B0  
Ph (403) 641-4025 Fax (403) 641-2585  
Website: [www.bassano.ca](http://www.bassano.ca)



The personal information requested on this form is being collected for the purpose of course/seminar registration under the authority of the Freedom of Information and Protection of Privacy Act (FOIPP). If you have any questions about the collection of this information, please contact our FOIPP Coordinator at the Town Office (403) 641-3788