



11995 Haney Place, Maple Ridge, BC V2X 6A9
Phone: 604-467-7422 Email: Swim@MapleRidge.ca

Contact Information

Child's First and Last Name: _____

Child's Date of Birth: _____ Each child being registered requires their own registration form.

Registering Parent/Guardian Name: _____

Registering Parent/Guardian Email*: _____

*Same as City of Maple Ridge XplorRecreation/PerfectMind Account

Primary Contact Number: _____

Child's Home Address: _____

Payment Information**

- I have a City of Maple Ridge Xplor Recreation account for my family
- I have updated my payment information to my Xplor Recreation account and I will be using (select one):
 - Visa Mastercard for my Aqua Academy pre-authorized payments

**Payments are scheduled on the first of the month for the following month's lessons (e.g., pay on September 1 for October lessons) with a preauthorized Visa or MasterCard on a City of Maple Ridge XplorRecreation/PerfectMind Account. Payments are based on usage (each month's payment reflects the number of lessons provided that month). Enrollment is ongoing. Once registered, your child will remain enrolled in the program until you choose to withdraw.

Refund Policy: Withdrawals must be made before the scheduled payment date to be eligible for a refund (e.g., to receive a refund for October lessons; withdrawal request must occur before September 1). Non-attendance is not accepted as a request for refund or deduction in monthly attendance fees.

Level Request

Last Level Completed: _____ Date of Completion: _____

Requested Level Day/Time*: _____

*Please refer to the online schedule when selecting dates and times for program enrollment.

Personal information entered on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA) for the purposes of registering a child for the Aqua Academy. If you have any questions or concerns about how your information will be used, contact the Legislative Services Department by calling 604-466-4300 ext. 5557 or by emailing FOI@MapleRidge.ca.

Signature of Parent/Guardian: _____ Date: _____