



Water Safety Fund in honour of Alex Ottley

Applications are considered on a first come, first serve basis, as well as the availability of funds. Program fees will be covered up to a maximum of \$64.00. Completed applications should be submitted to: Hagersville Skating Club, PO Box 1022, Hagersville, ON N0A 1H0 **Attention: Krista Newman**

APPLICATION FORM: PLEASE ENSURE ALL INFORMATION IS COMPLETE AND ACCURATE (Please print clearly)

SECTION 1: APPLICANT INFORMATION

Child's Name: _____ Date of Birth: _____ (dd/mm/yyyy)
Address: _____ (City) (Province) (Postal Code)
Name of Parent or Guardian: _____
Telephone: _____ Email: _____

SECTION 2: REQUEST FOR FUNDING

Please indicate the Swim level: **Parent & Tot** **Preschool: A B C D E** **Swimmer: 1 2 3 4 5 6** **Teen & Adult**

Please indicate which Haldimand County Pool: **Caledonia Lions Pool** **Dunnville Lions Pool** **Hagersville Lions Pool**

SECTION 3: ENDORSEMENT

Please provide the name of a person (**who is not a relative**), who is familiar with your financial situation and who can verify that you require assistance from the Water Safety Fund in honour of Alex Ottley. This person should be an adult who knows your child, and who is active in community activities. (Example; Teacher, Coach, Clergy, Social Worker, Group Leader.)

Name of Reference: _____ State the Relationship to Applicant: _____

Telephone: Day: _____ Evening: _____

I, _____ (parent or guardian name) authorize the above reference to discuss personal information as required

by the Hagersville Skating Club Administrators of the Water Safety Fund in Honour of Alex Ottley.

Signature: _____ **Date:** _____
(parent or guardian name)

For Office Use Only:

Date Received: (dd/mm/yyyy) ____/____/____ Reference Contacted: (dd/mm/yyyy) ____/____/____

Program Contacted: (dd/mm/yyyy) ____/____/____ Accepted: (Y/N) ____ By: _____

Applicant notified: (dd/mm/yyyy) ____/____/____ Total cost: \$ _____

Notes:



**NEVER TOO YOUNG TO LEARN,
NEVER TOO OLD TO START.**