

# SUMMER SWIM CAMP 2010



## REGISTRATION FORM

Please complete this form and return it to the Club office with FULL PAYMENT or fax to: (416) 622-3862

NAME: \_\_\_\_\_ DATE of BIRTH (mm/dd/yy): \_\_\_\_\_

GENDER: M F

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

BUSINESS PHONE#: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CHECK PREFERRED FORMAT: DVD: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_

FAMILY MD : \_\_\_\_\_

PHONE #: \_\_\_\_\_

FOOD & MEDICINE ALLERGIES: \_\_\_\_\_

DATE of LATEST TETANUS and POLIO INJECTION: \_\_\_\_\_

ANY OTHER PROBLEMS THAT SHOULD BE NOTED: \_\_\_\_\_

I UNDERSTAND THAT THE ETOBICOKE SWIM CLUB HAS EMPLOYED QUALIFIED INSTRUCTORS FOR THIS SWIMMING PROGRAM, AND I AGREE NOT TO HOLD ETOBICOKE SWIM CLUB OR ANY OF ITS AGENTS LIABLE FOR ANY ACCIDENT THAT MAY OCCUR WHILE TAKING PART IN THIS PROGRAM.

After reasonable attempts to contact parents or official guardian, the Etobicoke Swimming reserves the right to authorize all necessary emergency medical, surgical or dental aid to the swimmer injured while under their care. It is further agreed that the Etobicoke Swimming, its coaches, employees or volunteers will be forever held harmless from actions taken by them in aid of an injured athlete.

### CANCELLATION POLICY:

**\$ 100 NON-REFUNDABLE**

A DOCTOR'S NOTE IS REQUIRED TO WITHDRAW WITH REFUND FROM THIS CAMP.

\_\_\_\_\_  
PARENT/GUARDIAN:

\_\_\_\_\_  
DATE:

### CIRCLE SESSION(S) TO ATTEND:

Session I July 5th - July 9<sup>th</sup>  
Session II July 12<sup>th</sup> - July 16<sup>th</sup>  
Session III July 19<sup>th</sup> - July 23<sup>rd</sup>  
Session IV July 26<sup>th</sup> - July 30<sup>th</sup>  
Session V August 3<sup>rd</sup> - August 6<sup>th</sup>

**EACH SESSION WILL BE**  
**\$405.00 + GST / 5 days = \$425.25**  
**\$ 100 NON-REFUNDABLE**  
**August 3<sup>rd</sup> - August 6<sup>th</sup> will be \$330.00**

Amount	Cheque	Cash	Credit Card	Acct'g