

SUMMER SWIM CAMP 2012



Early Bird Special

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: _____

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.

ALL CHEQUES PAYABLE TO THE

ETOBICOKE SWIM CLUB

Early Bird 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 2nd - July 6th
Session II July 9th - July 13th
Session III July 16th - July 20th
Session IV July 23rd - July 27th
Session V July 30th - August 3rd
Session VI August 7th - August 10th

Early Bird Special Pricing:

\$400.00/Session

\$ 100 NON-REFUNDABLE

Session VI Pricing:

\$355.00/Session

\$ 100 NON-REFUNDABLE

Amount	Cheque	Cash	Credit Card	Acct'g

For Office Use Only: