



2012 March Break Skills Camp



March 12th – 16th, 2012

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:

\$ 60 NON-REFUNDABLE

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

**ALL CHEQUES PAYABLE TO THE
ETOBICOKE SWIM CLUB**

PARENT/GUARDIAN:

DATE:

Early Bird Pricing \$125.00 - Deadline is December 5th, 2011

Regular Price \$140.00

Deadline to Register is March 5th, 2012