



## SWIMTEC 2009 REGISTRATION FORM

Swimmer's Name: \_\_\_\_\_ Date of birth: (dd/mm/yy) \_\_\_\_\_ Gender: M /F

Home Address: \_\_\_\_\_  
Street Number & Name
City
Postal Code

Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone # (O) \_\_\_\_\_ (C) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # (O) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone # (H): \_\_\_\_\_ (O/C) \_\_\_\_\_

**Medical information:** Health card #: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_  
 \_\_\_\_\_

Please check session and week:

**Havergal College**     9:00am-12:00pm     1:00-4:00pm

**Glendon College**     9:00am-12:00pm

Week 1	July 6 - 10	<input type="checkbox"/>
Week 2	July 13 - 17	<input type="checkbox"/>
Week 3	July 20 - 24	<input type="checkbox"/>
Week 4	July 27 - 31	<input type="checkbox"/>

Week 5 *	Aug 4 - 7	<input type="checkbox"/>
Week 6	Aug 10 - 14	<input type="checkbox"/>
Week 7	Aug 17 - 21	<input type="checkbox"/>
Week 8	Aug 24 - 28	<input type="checkbox"/>

**Cost of camp week (5 days) (Mon-Fri): \$200.00**    \* Cost of Week 5 (Tue-Fri): \$ 160.00

I give permission for my child(ren) to participate in the NYAC SWIMTEC Summer Swim Camp and agree that North York Aquatic Club, Havergal College and York University, its employees, officers, Board of Governors and agents will not be held responsible for any accident or loss however caused and agree to release them from all claims and damages which may arise as a result of such accident or loss. In signing this consent and release agreement, I hereby acknowledge that I have read and understood the conditions and certify that my child is in good physical health and that there is no medical reason why he/she should not attend.

If reasonable attempts to contact parents or guardian are unsuccessful, the parent or legal guardian authorizes North York Aquatic Club, its Board of Directors, coaches and/or any representative of the Club to authorize all necessary emergency medical, surgical or dental aid to the swimmer as may be necessary should swimmer suffer an injury or illness while participating in SWIMTEC activities and agrees to pay for all the medical and any other related expenses incurred in such event. It is further agreed that the North York Aquatic Club, its coaches, employees and volunteers will be forever held harmless from actions taken by them in aid of an injured athlete.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Total Fees Paid

**Payment options:**

- Cheque** payable to NYAC and to be mailed to NYAC, 12 Bannockburn Avenue, Toronto, ON M5M 2M8
- Visa**

Visa Authorization: Card # \_\_\_\_\_ Exp. Date: month \_\_\_\_\_ year \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_