

Swimming FUNdamentals

2006 -2007 Participant Registration Form

First Name:		Last Name:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date of Birth: Month _____ Day _____ Year _____	
Street Address:		City:	Postal Code:
Home Phone:		Business Phone:	Cell Phone:
Email:		School Attending:	
Parents or Guardians:			
Emergency Contact:			Phone:
Medical Conditions:			
Previous swimming experience; swimming levels (if any):			
Session(s) Selected:	Session I: (begins week of Sept. 18)	<input type="checkbox"/>	Policies on Fees, Discounts and Refunds: <ul style="list-style-type: none"> • Pay Membership fee in-full with initial registration only, not per session. Membership fees cannot be discounted. • 10 % discount off Registration fee if registering 2nd or 3rd, etc. child from same immediate family. • Refunds: Full refund less a \$10 administration fee if cancelled prior to first day of class. No refunds after the first day of class.
	Session II: (begins week of Dec. 4)	<input type="checkbox"/>	
	Session III: (begins week of March 19)	<input type="checkbox"/>	
	Do you have other children already registered in a Burlington Aquatic Devilrays program ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Group Selected: (indicate with "1" for first choice and "2" for second choice in case classes are full.)	Group 1 - Mon. / Fri. 4:15-5:00	<input type="checkbox"/>	Program Fees: 1. Membership Fee \$25 (include with initial registration only) 2. Registration Fee \$200 / session
	Group 2 - Mon. / Fri. 5:00-5:45	<input type="checkbox"/>	
	Group 3 - Wednesday 4:15-5:00 and Saturday 7:00-7:45 a.m.	<input type="checkbox"/>	Payment Included: Membership Fee: _____ Registration Fee(s): _____ Less Discounts (if applicable): _____ TOTAL INCLUDED: _____
	Group 3 - Wednesday 5:00-5:45 and Saturday 7:45-8:30 a.m.	<input type="checkbox"/>	
The undersigned, in consideration of the Burlington Aquatic Devilrays (the "Club") allowing _____ (name of swimmer) to participate in any Club activities, does hereby waive and release the said Burlington Aquatic Devilrays, its directors, employees and agents of and from any claims howsoever arising and including personal injuries and loss or theft of personal property while the said swimmer is in any way engaged in any activities of the Burlington Aquatic Devilrays.			
Signature (Parent or Guardian)			Date:
Send completed form along with payment to:	Burlington Aquatic Devilrays c/o Lynn Calvert 2223 Oakridge Crescent, Burlington, Ontario L7M 4A2		For Office Use Only Date Rec'd _____