



SWIMTEC 2010 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 5-9
Week 2 July 12-16
Week 3 July 19-23
Week 4 July 26-30

*Week 5 Aug 3-6
Week 6 Aug.9-13
Week 7 Aug.16-20
Week 8 Aug.23-27

One week cost: 5 days (Mon-Fri) \$226.00 (*week 5 cost Tue-Fri \$180.80)

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 mail to 12 Bannockburn Ave, Toronto, ON M5M 2M8
- Visa**

Visa Authorization: Card# _____ Exp.date: month _____ year _____

Name: _____ Signature: _____

North York Aquatic Club

4936 Yonge Street, #146, Toronto, Ontario M2N 6S3 PH: (416) 785-0430 FX: (416) 785-9697 e-mail: nyacswwim@yahoo.ca
(Financially supported by City of Toronto)