MEDICAL INFORMATION

Swimmer's Name: _____ Date of Birth: day____ month ____ year____

Swimmer's Health Card #: _____
(please provide a copy of swimmer's health card)

Emergency Contact Name: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Please list any medical conditions regarding the swimmer's health care (allergies, motion sickness, asthma etc)

Condition	Medication	Instruction

I, _____, the parent/guardian of the above swimmer, give my permission for him/her to receive emergency medical treatment should this become necessary. I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health Insurance Plans.

_____ _____ _____
Name of Parent or Guardian Parent/Guardian Signature Date

NYAC PICTURE CONSENT FORM

I, on my behalf and on behalf of my child, give permission to NYAC to take pictures or video tape of my child for promotional purposes or training materials relating to NYAC and use this material through the media of television, film, internet, multi-media presentation or in a printed form or display form. I, on my behalf and on behalf of my child assign and transfer to the North York aquatic Club any and all rights, including copyright, which I may have or my child may have in this material.

_____ _____ _____
Name of Parent or Guardian Parent/Guardian Signature Date

Personal Information Protection & Electronic Documents Act (PIPEDA) Consent Form

NYAC collects personal information to establish and maintain member lists and mailing lists and to coach, train, represent, promote and transport swimmers in order to facilitate competition

The Personal Information Protection & Electronic Documents Act PIPEDA regulates the collection, use and disclosure of personal information. North York Aquatic Club and Swim Ontario maintain only information required and will use this information as described in their policies. Please review the polices provided on Swim Ontario web site.

By signing below, I confirm that I have read and understand these policies. I understand that I may withdraw consent at any time upon written notice to North York Aquatic Club President (via e-mail at nyacswim@yahoo.ca) and my personal information will be purged from the database. Please note that withdrawal constitutes de-registration.

_____ _____ _____
Name of Parent/Guardian Parent/Guardian Signature Date

NYAC CREDIT CARD INFORMATION FORM

I acknowledge that in the event that I do not fulfill my Member Commitments for sessions worked at NYAC hosted meets that my credit card will be charged following the posting of the Meet Sessions Worked Document and a 2 week adjudication period.

Visa / MC# _____ Exp. Date: month _____ year _____

Name on Card: _____ Signature:_____