

# North York Aquatic Club Waves

2275 Bayview Ave., Proctor Field House, Toronto, ON M4N 3M6  
 PH: (416) 785-0430, FX: (416) 785-9697, e-mail:nyacwaves@gmail.com

**Swimmers Name:** \_\_\_\_\_

Gender: M / F      Date of Birth (dd/mm/yy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Mothers Name:** \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

## Medical Information

Health Card # \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

I give permission for my child to participate in the NYAC Waves program and agree that North York Aquatic Club, Havergal College and TDSB, 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 NYAC, 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 NAYC activities and agrees to pay for all the medical and any other related expenses incurred in such event.

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

\_\_\_\_\_  
**Date**

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

## Locations And Times

## Spring Session: February 6, 2012 – May 25, 2012

\*\*\*\*End of session Swim Meet:      Tuesday May 29<sup>th</sup>, 2012

### Pools location:

AY Jackson	50 Francine Dr. (Leslie & Steeles)
Downsview SS	7 Hawksdale Rd. (Keele & Wilson) - New Location!
Forest Hill	730 Eglinton Ave (east of Bathurst)
Havergal College	1251 Avenue Rd (south of Lawrence)
Northern SS	851 Mt.Pleasant Ave (north of Eglinton)
Newonbrook SS	155 Hilda Ave (Yonge & Steeles)

\*\*Please note that practice schedule is subject to change based on enrollment, pool availability and statutory holidays. A list of exception dates will be available on NYAC web site in October.

Please choose group:

<input type="checkbox"/> Group 1	Forest Hill CI	Tuesday & Thursday	5:00-6:00 pm
<input type="checkbox"/> Group 2	Havergal College	Tuesday & Thursday	7:15-8:15pm <b>Spring is Full</b>
<input type="checkbox"/> Group 3	Northern SS	Monday & Wednesday	5:00-6:00 pm <b>Spring is Full</b>
<input type="checkbox"/> Group 4	Northern SS	Tuesday & Thursday	5:00-6:00 pm
<input type="checkbox"/> Group 5	Northern SS	Tuesday & Thursday	6:00-7:00 pm
<input type="checkbox"/> Group 6	Downsview SS	Tuesday & Thursday	6:30-7:30 pm
<input type="checkbox"/> Group 7	AY Jackson SS	Tuesday & Thursday	5:00-6:00 pm
<input type="checkbox"/> Group 8	Newtonbrook SS	Thursday	6:30-7:30 pm
<input type="checkbox"/> Group 9	Forest Hill	Friday	7:00-8:00 pm
<input type="checkbox"/> Group 10	Forest Hill	Saturday	11:00 am-12:00 pm
<input type="checkbox"/> Group 11	Forest Hill	Thursday & Saturday	7:00-8:00 pm 10:00-11:00 am
<input type="checkbox"/> Group 12	Forest Hill	Thursday	6:00-7:00pm - <b>NEW Group!</b>

Please note all the Waves groups are the same level, number indicates location only

### **Payment of Fees: Fees must be paid in full by a cheque (payable to NYAC ) or credit card**

\$25 00 will be charged for non-sufficient payment. 2% service charge is included in fees payment paid by credit card. You will receive a full refund minus \$20.00 administration fee if NYAC office receives request in writing before session begins and a pro-rated refund (# of practices attended) minus \$40.00 administration fee when a NYAC office receives request in writing after session begins.

### **Payment Options: Please check**

<input type="checkbox"/> 2 Day Program Gr: 1,2,3,4,6,7, 11	\$440.00	<input type="checkbox"/> Cheque	\$449.00	<input type="checkbox"/> Visa or MC
<input type="checkbox"/> 1 Day Program Gr: 8, 9, 10, 12	\$230.00	<input type="checkbox"/> Cheque	\$234.50	<input type="checkbox"/> Visa or MC

### **Credit Card authorization:**

Card#		Expiry Date:	Month:		Year:	
Name		Signature				

Please mail, e-mail or fax your registration to NYAC office, groups will be filled on first come first serve basis.