North York Aquatic Club

2275 Bayview Ave., Glendon College Proctor Field House, Toronto, ON M4N 3M6 PH: 416-785-0430 FX: 416-785-9697 e-mail: nyacswim@yahoo.ca

Triathlete Swim Training Program

Registration Form November 1, 2011-September 28, 2012

Name: _____ Date of birth m/d/y: _____

Home Phone # _____ Work/Cell # _____

E-mail: _____ OAT # _____

Address: _____

Street Address & Suite/Unit # City Province Postal Code

Please check which day you will attend:

			Once a week	Twice a week	Three times a week
Monday	Havergal College	7:30-9:00 pm	☐	☐	☐
Monday	York University	6:00-7:30 am	☐	☐	☐
Tuesday	Glendon College	6:00-7:30 am	☐	☐	☐
Wednesday	York University	6:00-7:30 am	☐	☐	☐
Thursday	Glendon College	6:00-7:30 am	☐	☐	☐
Friday	Douglas Snow	5:45-7:15 am	☐	☐	☐

Please note that pool location may change due to pools availability, there is no swimming on holidays, monthly schedule will be e-mailed to swimmers and posted on NYAC website

Membership Fees: November 1, 2011-June 15, 2012

	☐ Single Payment due at the registration	☐ Two equal payments 1st due at the registration 2nd due March 1st
Once a week	360.00	180.00
Twice a week	570.00	285.00
Three times a week	780.00	390.00

Membership Fees: June 18 - September 28, 2012

Any day, any # of practices Single payment due June 10, 2012 ☐ 290.00

Fees can be paid by cheque (payable to NYAC), Visa or Master Card.

Credit Card authorization:

Card #		Expiry Date	Month		Year	
Name as printed on the card		Signature				

I hereby make application for membership in the North York Aquatic Club and agree upon this application to become a debtor to the Club for the full amount of the membership fees. All swimmers must be registered with Ontario Association of Triathletes for insurance purposes. NYAC membership fees include OAT membership fees only for athletes who submitted OAT application form to NYAC before February 1, 2012.

In consideration of NYAC accepting my registration I agree that my physical condition has been verified by a medical doctor within past twelve months and I am medically cleared to participate in NYAC swim program. I agree to be solely responsible for any injury, loss, including loss of income or damage that I might sustain while participating.

I agree to release, discharge, save harmless and indemnify NYAC, and their respective directors, officers, committee members, members, employees, volunteers, participants, sponsors, facilities where the activity occurs, agents and representatives from any and all liabilities, for any claims, demands, actions, judgments, executions and costs that might arise out of my participating, even though any such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by any manner whatsoever, including but not limited to, the negligence, breach of contract or breach of any statutory duty of care of NYAC.

_____ _____ _____

Signature Date Total Fees paid