

Registration Form

North York



1

Swimmer Information

Last Name: _____

First Name: _____

Male Female

Date of Birth: M _____ D _____ Y _____ Age _____

Address: _____

Apt./Unit _____ Toronto Other _____ Postal Code _____

Mothers' Name _____ Bus# _____ Cell # _____

Fathers Name _____ Bus# _____ Cell# _____

Email _____ Home Phone # _____

Please specify any special health conditions the participant has:

2

Schedule Information

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time							

Please fill in days and time you are going to attend practices.

3

Agreement

In consideration of the RAMAC Aquatic Club permitting me or the person listed above to participate in fitness activities, I agree to release and discharge and to indemnify and save harmless the Club from and against all claims or proceedings by whomsoever made or brought, in respect of any costs, losses, damage or injury arising by reason of my/their participation in such activities, or by reason of the provision of medical care to me/them. I further authorize the RAMAC Aquatic Club to obtain such medical care to the person listed above, as it may deem necessary in the event of injury or otherwise, and agree to pay for all expenses incurred thereby.

I/We have read the conditions of enrolment, refund policy and agree to abide by what is outlined.

Parents name _____

Signature _____

Date _____