



Registration Form

Last Name: _____ First Name: _____

Gender: M / F Date of Birth: YY _____ MM _____ DD _____

Address: _____ Apt #: _____

City: _____ Postal Code: _____

Parent/ Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax: _____

E-mail address: _____

Health Card#: _____ Allergies: _____

Family Doctor's Name: _____ Tel: _____

I hereby release the C & C Aquatic Club and all its officials, employees, directors or contractors from any and all liability actions or lawsuits arising from any activity or travel relating to the program offered by the C & C Aquatic Club. Furthermore, that the C & C Aquatic Club does not, by admitting my child to membership, by prescribing a course of exercise or swimming program, allowing my child use of the pool facilities, thereby assume any liability for injury, accident, illness, deterioration in health, death or otherwise, liability for loss, theft or damage to any property. I have received, read and understand all the rules and the fee schedule. I agree to pay all amounts in accordance with the fee schedule. I further agree to pay a \$25 bank administration charge for any NSF cheque.

Signature of parent or guardian: _____ Date: _____