

# COBRA Jr. Swim Club Registration Form

247 McMurchy Ave. South, Brampton, ON, L6Y 1Z4

Phone (905) 452 - 6272 Fax (905) 452 - 9275

## Family Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

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

Email \_\_\_\_\_

## Participant

Name \_\_\_\_\_ M  F  Date of Birth (D/M/Y) \_\_\_\_\_

In Case of Emergency \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Health Card # \_\_\_\_\_ Doctor \_\_\_\_\_ Doc# \_\_\_\_\_

Allergies Y  N  If yes \_\_\_\_\_ Medication Y  N  If yes \_\_\_\_\_

## Program Details

Swimmer # \_\_\_\_\_

Date (D/M/Y) \_\_\_\_\_ Time \_\_\_\_\_

Fee \_\_\_\_\_ Debit  Cheque  Visa / MC

**NOTE:** Make-up classes due to participant illness or personal commitments will not be available. Refund not available after two(2) weeks from program commencement date. Swim Ontario fee of \$38.90 is non-refundable. Registration fee of \$10.00 is non-refundable.

## CONSENT

The swimmers will be supervised and all reasonable safety precautions will be stressed. However, I hereby authorize the coaches, in the event of an emergency, to obtain the medical services as required so that they may undergo any necessary treatment. In all cases attempts will be made to contact parents. It is the responsibility of the parent / guardian of each swimmer to have their child checked by their physician to ensure he / she is physically capable of participating in training and to notify the club of any health problems that may affect his / her participation in club activities.

## INDEMNITY & AUTHORIZATION

In consideration of the COBRA SWIM CLUB specified in this form permitting our child to participate in the CLUB, I hereby promise to indemnify and save harmless COBRA SWIM CLUB, it's employees and it's members from and against all claims, demands, actions and proceedings, by whomever made or brought, in respect of any costs, expenses, loss damage or injury, including death arising by reason of or in connection with my / our child(ren)s participation in the said activities and hereby release and forever discharge COBRA SWIM CLUB, its employees and members from and against all claims or demands whatsoever which we, our child(ren) our or his / her heirs, executors, administrators or assigns, can share or may have reason of the provision of medical care to me / him/her.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Help keep us informed: Where did you hear of our Program? \_\_\_\_\_