SUMMER CAMPS
PacificSport Aquasonics Registration Form

☐ COQUITLAM ☐ SURREY

For more information please refer to our website: www.aquasonics.ca

FOR CLUB USE ONLY			
☐ Registration Fee	☐ CASSA Fee Included	☐ Birth Certificate	

PERSONAL INFORMATION		
Swimmer's Name:		
Date of Birth: (mm/dd/yr) / /	Age: (new registrants must supply a photocopy of their Birth Certificate)	
Address:	City:	Postal Code:
Email:	Home #:	Cell #:
Mother's Name:		Work #:
Email:	Home #:	Cell #:
Father's Name:		Work #:
Email:	Home #:	Cell #:
Emergency Contact:		Phone #:

MEDICAL HISTORY		
BC Care Card #:	Doctor's Name:	Phone #:
Are you currently taking any medication? Yes/No If yes, explain:		
Allergies: ☐ Drug ☐ Food ☐ Other (Explain reaction & treatment on reverse side)		
Medical Conditions: (Explain on reverse side)		
Describe any past serious illnesses or injuries:		

SWIM HISTORY	
Previous Synchro Experience: Yes/No	Synchro Star Level Achieved:
Synchro CASSA #:	Last Red Cross Swim Level Achieved:

PROGRAM YOU ARE REGISTERING FOR

☐ **Intro to Synchro**
Beginners classes focusing on basic skills and creative development in a fun environment

☐ **Has previous experience**
Athletes with previous exposure to Synchronize swimming. Further development of skills and creative development in a fun environment

☐ Don't know, need more information

PARENT/GUARDIAN AGREEMENT AND WAIVER

I am the swimmer's parent or legal guardian. I certify to PacificSport Aquasonics (the "CLUB") that all the information provided above is true and complete. If this application is accepted by the CLUB:

1.	I PROMISE TO OBSERVE the rules and regulations of the CLUB and to cause the swimmer to do the same.
2.	I AGREE WITH THE CLUB TO PAY the swimmer's CLUB fees, CASSA fees, Fundraising assessments and all other costs of the swimmer's participation including (but not necessarily limited to) travel costs, meet fees, wardrobe and equipment costs.
3.	I ACKNOWLEDGE that the swimmer will not be allowed to compete unless all CLUB fees and assessments are paid in full at least two (2) weeks prior to every competition.
4.	I HEREBY GIVE PERMISSION AND AUTHORIZATION to the CLUB, its administrators, coaches and/or designation chaperone (s) to provide general supervision and authorization for any medical treatment they deem necessary and/or reasonable for the swimmer.
5.	I AUTHORIZE THE CLUB to use photographs and video of the swimmer taken during practices or meets for use on any CLUB promotional materials or the official website.
6.	I AND THE SWIMMER HEREBY RELEASE THE CLUB from any claim that I or the swimmer may have, against the CLUB, as a result of any injury (including death) to myself or the swimmer, or the loss or damage to our property whether or not caused by the negligence of the CLUB.

I HAVE SIGNED AND SUBMIT THIS APPLICATION FOR MYSELF AND THE SWIMMER THIS _____ DAY OF _____ YEAR_____.

_____ _____

Print Name Signature