

BCAQ Registration Form

 Coquitlam

CASSA number: _____

 Surrey

Registrar Use

 Registration Fee
 CASSA Fee
 Monthly Dues
 Family Commitment
 Fundraising
 Birth Certificate

Athlete's Information

Athlete's Name:	Phone:	Cell:
Email:	Age:	Date of Birth:
Address:	City:	Postal Code:
Parent 1 name:	Email:	
Address: (if different)	City:	Postal Code:
Home Phone:	Work Phone:	Cell:
Parent 2 name:	Email:	
Address: (if different)	City:	Postal Code:
Home Phone:	Work Phone:	Cell:
Emergency Contact:	Phone:	Cell:

Medical

B.C. Care Card #:	Doctor:	Phone:
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History

Previous Synchro Experience:	Synchro Star Level:
Red Cross Swim Level:	Immigration status: (needed for National Competition)

Program

Aquasquirts <input type="checkbox"/>	Learn to Synch Levels I-II-III <input type="checkbox"/>
Synchro For Fun Precompetitive, Regionals <input type="checkbox"/>	10 & under <input type="checkbox"/> 11-15 <input type="checkbox"/>
Provincial Champions Regionals & Provincials <input type="checkbox"/>	12 & under <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-18 <input type="checkbox"/>
National Champions Westerns & Espoir or Nationals <input type="checkbox"/>	13-15 <input type="checkbox"/> 16-18 <input type="checkbox"/> 18+ <input type="checkbox"/>
Don't know, need more information <input type="checkbox"/>	

Parent/Guardian Agreement and Waiver

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

I PROMISE TO OBSERVE the rules and regulations of the CLUB and to cause the athlete to do the same.

I AGREE WITH THE CLUB TO PAY the athlete's CLUB fees, CASSA fees, fundraising assessments and all other costs of the athlete's participation including (but not necessarily limited to) travel costs, meet fees, wardrobe and equipment costs.

I ACKNOWLEDGE that the athlete 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.

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 athlete.

I AUTHORIZE THE CLUB to use photographs and video of the athlete taken during practices or meets for use on any CLUB promotional materials or the official website.

I AND THE SWIMMER HEREBY RELEASE THE CLUB from any claim that I or the athlete may have, against the CLUB, as a result of any injury (including death) to myself or the athlete, 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 athlete this _____ day of _____ year _____

Print Name

Signature

How did you hear about us? Referred by a friend, community or school board, Coquitlam or Surrey Pool, Facebook, or Website?

If you need to included any notes, please do so here:

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