

**West Van Otters Swim Club
2010 Summer Swimming Program
Registration and Waiver Form**

Swimmer Information

Last Name _____ **First Name** _____
Phone # _____ **Gender (M/F)** _____

Address _____

Date of Birth _____ **Care Card** _____
(Day/Month/Year) _____ **Number** _____

Doctor's Name _____

Doctor's Phone # _____

Parent/Guardian Information

Name _____

Phone Number _____

Emergency Contact _____

Cell/Emergency # _____

Email _____

Special Conditions

Please list below any special conditions such as medical conditions, medications, allergies, or physical disabilities:

Summer Swimming Sessions

<u>Session No:</u>	<u>Session Starts:</u>	<u>Details:</u>
o Session 1	June 28	Mon, Wed, Fri - 4:00 to 5:00
o Session 2	June 28	Mon, Wed, Fri - 5:00 to 6:00
o Session 3	July 05	Mon, Wed, Fri - 4:00 to 5:00
o Session 4	July 05	Mon, Wed, Fri - 5:00 to 6:00
o Session 5	July 12	Mon, Wed, Fri - 4:00 to 5:00
o Session 6	July 12	Mon, Wed, Fri - 5:00 to 6:00
o Session 7	July 19	Mon, Wed, Fri - 4:00 to 5:00
o Session 8	July 19	Mon, Wed, Fri - 5:00 to 6:00
o Session 9	July 26	Mon, Wed, Fri - 4:00 to 5:00
o Session 10	July 26	Mon, Wed, Fri - 5:00 to 6:00
o Session 11	Aug 02	Tues, Wed, Fri - 4:00 to 5:00
o Session 12	Aug 02	Tues, Wed, Fri - 5:00 to 6:00
o Session 13	Aug 09	Mon, Wed, Fri - 4:00 to 5:00
o Session 14	Aug 09	Mon, Wed, Fri - 5:00 to 6:00
o Session 15	Aug 16	Mon, Wed, Fri - 5:00 to 4:00
o Session 16	Aug 16	Mon, Wed, Fri - 5:00 to 6:00
o Session 17	Aug 23	Mon, Wed, Fri - 4:00 to 5:00
o Session 18	Aug 23	Mon, Wed, Fri - 5:00 to 6:00

Please check off the desired sessions and include a cheque payable to the West Vancouver Otters Swim Club with this application. Space cannot be held for your child until a completed application form and payment in full have been received.

Total Fees = (Number of Sessions Selected x \$65 / Session)
+ Swim BC Registration (\$13)

Swimmers require fins and goggles at all sessions. These can be obtained from Team Aquatic Supplies in North Vancouver (104-2411 – Dollarton Hwy, 604-980-2805) if needed.

I hereby authorize the participation of my son/daughter/ward _____ in the West Vancouver Otters Swim Club Summer Program. I know of no medical or physical problems that may affect my child's ability to participate safely in this program. I understand that the coaches have the right to deny admission or dismiss any participant from the program who displays inappropriate or unsafe behavior. I understand that there are certain activities where there is risk of injury and hereby agree to waive and release every such officer, employee, volunteer or agent of the West Vancouver Otters Swim Club from all manner of action suits, losses, damages or injuries however caused by negligence or otherwise arising out of my child's participation in this program. As parent or guardian, I hereby authorize the coaches to secure such medical advice and services as may be deemed necessary for the health and safety of my son/daughter/ward where all attempts to contact the parent or guardian have failed or where, due to the nature of the emergency, there is insufficient time to contact such parent or guardian, it shall be at the

discretion of the coaches as to what steps must be taken for the welfare and safety of the participant.

Date _____ **Signature** _____
Name of Parent or
Guardian (printed) _____