



2018-2019 REGISTRATION FORM

Swimmer's Last Name: _____ Swimmer's Given Names: _____

Gender M F

Age as of Dec 31/2018 _____ Date of Birth DD / MM / YY _____

Parent/ Guardian's Name _____ Email Address (mandatory) _____

Street Address City/Town _____

Province _____ Postal Code _____ Home Phone _____ Cell Phone _____

Returning HHAC swimmer? Y N Most recent year? _____ Changes to last year's information Y N

HURRICANES FEES

- Advanced \$1450.00
- Intermediate \$1050.00
- Junior - \$900.00
- Novice – A \$550.00
- Novice- B \$325.00

REGISTRATION FEES (non-refundable)

- \$150.00 Registration Fee (**due at registration**)
- Will attend Swim Meets

HHAC FEES \$ _____ **REGISTRATION FEES + \$** _____ **TOTAL= \$** _____

Payment Options: (Check One)

- Full payment at registration: total fees as calculated above. {BONUS name will be entered into a draw for a hoodie}
- 3 installments: Sept. 30/18 {1/3 HHAC fees + registration fee}; Nov. 30/18 {1/3 HHAC Fees} and Feb. 28/19 { 1/3 HHAC fees }

Plus \$100.00 fundraising bond post-dated to May 1, 2019 – to be cashed if fundraising goal not met

Plus \$300.00 volunteer bond post-dated to April 30, 2019 – to be cashed if 10 hrs mandatory volunteer time not met

**** 10 hours mandatory volunteer time is required per family per season.**

MEDIA CONSENT I hereby give my consent to the Huron Hurricanes Aquatic Club to take audio and visual recordings and still photographs ("recordings") of the swimmer named above for the purpose of training, team development and/or acknowledgement of accomplishment. I further consent to these recordings being posted and /or released to local media for the purpose of club promotion and/or acknowledgement of accomplishment without compensation. I understand and acknowledge that sanctioned swim meet results are published and distributed by Swim Ontario and do not form any part of this media consent.

Print Parent/Guardian's name _____ Date _____

Parent/ Guardian signature _____

A signed copy of this document shall be your receipt for the 2018-2019 season. _____ (executive initials)

HURON HURRICANES



2018-2019 EMERGENCY MEDICAL INFORMATION, AUTHORIZATION AND RELEASE

Swimmer's Last Name _____

Swimmer's Given Names _____

Gender M F

Date of Birth (DD/ MM/YY) _____ Age as of Dec. 31, 2018 _____

Swimmer's Health Card number: _____

EMERGENCY CONTACT INFORMATION

Parent/ Guardian's Name (1) _____ Phone _____

Parent/ Guardian's Name (2) _____ Phone _____

Alternate Contact Name _____ Phone _____

MEDICAL INFORMATION Please list any known asthma, allergies or any other medical condition(s) Description (i.e. asthma) Medication (i.e. inhaler) When to be **taken? Purpose? Side Effects?**

Does your swimmer carry and know how to administer their medication? Y N If not, who carries swimmer's medication? (Name) _____ (Contact number) _____

MEDICAL AUTHORIZATION

I, the undersigned parent / guardian of the above named swimmer hereby authorize and permit the Huron Hurricanes Aquatic Club, its directors, employees, coaches, volunteers and agents, to provide or obtain any emergency medical treatment necessary for the safety and well being of the said swimmer in the event that the above noted emergency contacts cannot be reached for authorization in a timely manner.

Parent/Guardian's name Print _____ Date _____

Parent/ Guardian signature _____

RELEASE

I, the undersigned parent / guardian of the above named swimmer, in consideration of the Huron Hurricanes Aquatic Club permitting _____ (swimmer's name- please print) to participate in any club activities and swimming competitions, do hereby waive and release the Huron Hurricanes Aquatic Club, its directors, employees, coaches, volunteers and agents from any claims howsoever arising and including personal injuries, property damage and loss or theft of personal property while the swimmer is in any way engaged in club activities, events or competitions.

Print Parent/Guardian's name _____ Date _____

Parent/ Guardian signature _____

All information contained in this document and shall be kept confidential and shall be used by the Huron Hurricanes Aquatic Club, its directors, employees, coaches, volunteers and agents solely for the purpose of swimmer safety.