



**2022-2023 REGISTRATION FORM**

Swimmer's Last Name: \_\_\_\_\_

Swimmer's Given Names: \_\_\_\_\_

Gender  M  F Date of Birth DD/ MM/ YY \_\_\_/\_\_\_/\_\_\_ Age as of Dec 31/2022 \_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Returning HHAC swimmer  Y  N Changes to last year's information  Y  N

**Contact Information- PLEASE complete google form that will be sent out in email.**

HHAC FEES <i>LEVEL</i>	<i>1 DAY</i>	<i>2 DAY</i>	<i>3 DAY</i>	<i>4 DAY</i>
<input type="checkbox"/> Fundamentals age 6-8 1hr/wk	<input type="checkbox"/> \$242.00			
<input type="checkbox"/> Novice age 8-10 2hr/wk	<input type="checkbox"/> \$242.00	<input type="checkbox"/> \$352.00		
<input type="checkbox"/> Junior ages 11-12 3hr/wk	<input type="checkbox"/> \$341.00	<input type="checkbox"/> \$632.00		
<input type="checkbox"/> Intermediate ages 13-14 6hr/wk	<input type="checkbox"/> \$399.00	<input type="checkbox"/> \$748.00	<input type="checkbox"/> \$1055.00	
<input type="checkbox"/> Advance ages 15+ 6hr/wk	<input type="checkbox"/> \$399.00	<input type="checkbox"/> \$748.00	<input type="checkbox"/> \$1055.00	

**SWIM ONTARIO FEES \*Swimming Canada, Swim Ontario fees are mandatory and non-refundable**

Category (check one)	Swimmer's Age at Dec. 31/22	Swim Fees
<input type="checkbox"/> Pre -Competitive	All Ages	\$53.00
<input type="checkbox"/> Competitive (Fundamental)	8 & Under	\$122.00
<input type="checkbox"/> Competitive (Skills)	9 – 10	\$142.00
<input type="checkbox"/> Competitive (Development)	11 – 14	\$162.00
<input type="checkbox"/> Competitive (Open)	15 & Over	\$182.00

Swim Ontario Fees ( see chart above) are nonrefundable due at registration TOTAL= \$ \_\_\_\_\_

**Payment Options:**

HHAC FEES \$ \_\_\_\_\_ + S.O. Fees \$ \_\_\_\_\_ + used equipment \$ \_\_\_\_\_ TOTAL= \$ \_\_\_\_\_

- Full payment** at registration: total fees as calculated above.
- 7 monthly installments:** dated October 15, 2022 through April 15, 2023 ( S.O fees and used team gear are due in full at registration)
- Plus \$100.00 fundraising bond** (May 15<sup>th</sup>, 2023)
- Plus \$300.00 volunteer bond** (May 15<sup>th</sup>, 2023)

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

HURON HURRICANES



## 2022-2023 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 31/2022 \_\_\_\_\_

### 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 the 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 signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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.



**Volunteer Interest**

Please indicate the following areas you are most interested in providing assistance with. **Your help is vital to keep the Club operational and cost-effective.** Space is provided for both parents.

Athlete's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Please check all that apply

	Mother's or Guardian's Interest	Father's or Guardian's Interest
<b>Executive- filled for 2022/2023</b>		
<b>Club Development</b>		
Team equipment cleaning- filled		
Volunteer coordinator		
Website		
Officials- Timer		
Level 1 Coaching Certificate <b>(refundable after 1 year on deck coaching)</b>		
<b>OTHER (please specify)</b>		



**Liability Release**

I, the undersigned, acknowledge that the Huron Hurricanes Swim Club assumes no liability arising from personal injury, damages or loss of personal property while involved in or associated with any Club activity. As well, I hold club members, coaching staff, administrators or duly authorized persons harmless from liability and hereby authorize the above to take actions they deem necessary to correct, or attempt to correct, any situation which has resulted in personal injury, property damage or loss of personal property while involved with any Club associated activity.

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Father/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_

**E-Mail Agreement**

During the swim season it is necessary for the club to contact members on a regular basis regarding swim meets, meetings and general club information. Communication within the club will be primarily through e-mail and only in exceptional circumstances will members be phoned about upcoming events. If you have any concerns about this policy please let an Executive member know at time of registration.

Your mailing address, phone number and email address will be published in the Executive’s contact book, which is only made available to Executive members. Please notify the Executive if you change your address, email or phone number.

**Photo Agreement**

The HHAC website and Facebook page will provide up to date information on club events and swim meets. If you want to see results and pictures of swim meets and events, you will see them there.

We would like to post pictures from swim meets as a means of promoting team spirit.

- I have read and understood the above agreements
- I agree to **allow** my child’s photo to be used on the HHAC Facebook page.
- I **do not** want my child’s photo to be used on the HHAC Facebook page.

**Parent’s signature** \_\_\_\_\_ **Date** \_\_\_\_\_