

# ABENAKI AQUATIC CLUB - 2019 LEARN TO PADDLE REGISTRATION

FAMILY SURNAME:		ARE YOU NEW TO ABENAKI: NEW / RETURNING	
PARENT/GUARDIAN(1):		CELL:	HOME:
EMAIL:		BIRTHDATE:	
PARENT/GUARDIAN(2):		CELL:	HOME:
EMAIL:		BIRTHDATE:	
MAILING ADDRESS:			
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NO.:	

## DISCLAIMER

I hereby give my permission for my family to participate in Abenaki Aquatic Club activities, including those offsite and to have medical attention and/or be taken to the hospital in case of emergency if I/we cannot be reached. I HEREBY RELEASE, discharge, covenant not to sue, and agree to indemnify, save and hold harmless the Abenaki Aquatic Club, other participants, and their respective administrators, directors, agents, owners, officers, volunteers or employees (each considered one of the "Releasers" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused for any reason whatsoever, including without limitation, in whole or in part by the negligence of the Releasers or otherwise, including negligent rescue operations, and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes claim against any of the Releasers, I will indemnify, save and hold harmless each of the Releasers from any litigation expenses, legal fees, loss, liability, damage, or cost which any and all of them may incur as the result of such claim.

I hereby give my consent for images of my child(ren), captured during club activities through photo and digital camera to be used solely for the purpose of Abenaki Aquatic Club promotional material including its Facebook Page, Twitter & Instagram Accounts as well as printed promotional materials.

Name:	Signature:	Date:
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## PARTICIPANT INFORMATION

	Participant#1	Participant#2	Participant#3	Participant#4	T O T A L  D U E  \$
PARTICIPANT(S) FIRST NAME(S)					
PARTICIPANT(S) LAST NAME(S)					
GENDER (Optional)					
HEALTH CARD NUMBER					
BIRTHDATE (format: July 1, 2001)					
MEDICAL ISSUES/CONCERNS					

## LEARN TO PADDLE EVENING PROGRAM (Monday/Wednesday)

YEARS OF PADDLING EXPERIENCE	0 1 2 3 +					0 1 2 3 +					0 1 2 3 +					0 1 2 3 +				
July	\$100	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
August	\$100	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
<b>TOTAL FEES</b> (Total fees are due at time of registration) **\$50 NSF Fee **No Refunds																	\$			

## PAYMENT DETAIL (Office Use Only)

**In-Person Registration April 6, 2019 (Early Bird):** Payment in full via Interac, cash, cheque, e-Transfer, credit card OR 3 equal post-dated cheques (dated: April 6/May 13/June 13).

**In-Person Registration June 13, 2019 (Open House):** Payment in full via Interac, cash, cheque, e-Transfer or credit card.

**Online Registration:** Payment in full via e-Transfer.

**\*\*Note:** Fees must be paid in full on or before June 13, 2019 to guarantee program participation.

Date on Cheque	No.	Amount	Received By	Receipt No.	
		\$			
		\$			
		\$			
Credit Card (Auth# _____)		\$			
e-Transfer (Conf# _____)		\$			
Interac (Auth# _____)		\$			
Cash		\$			

**Notes:**