

ABENAKI AQUATIC CLUB - 2019 LATE REGISTRATION

FAMILY SURNAME:		MEMBERSHIP TYPE: <i>NEW</i> or <i>RETURNING</i>		FAMILY or <i>SINGLE</i>	
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 "Releasees" 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 Releasees 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 Releasees, I will indemnify, save and hold harmless each of the Releasees 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

	Member#1	Member#2	Member#3	Member#4	TOTAL DUES
PARTICIPANT(S) FIRST NAME(S)					
PARTICIPANT(S) LAST NAME(S)					
GENDER (Optional)	MALE / FEMALE	MALE / FEMALE	MALE / FEMALE	MALE / FEMALE	
HEALTH CARD NUMBER					
BIRTHDATE (format July 1, 2001)					
MEDICAL ISSUES/CONCERNS					

PADDLING PROGRAM

Years of Paddling Experience		0	1	2	3	+	0	1	2	3	+	0	1	2	3	+	0	1	2	3	+	
Novice (ages 4-7) - July	\$65	\$					\$					\$					\$					\$
Novice (ages 4-7) - August	\$65	\$					\$					\$					\$					\$
NEW Non-Competitive (ages 8-14) - July	\$65	\$					\$					\$					\$					\$
NEW Non-Competitive (ages 8-14) - August	\$65	\$					\$					\$					\$					\$
U10 Atom (b. 2009/2010) +CKC Fee	\$145	\$					\$					\$					\$					\$
U12 Peewee (b. 2007/2008) +CKC Fee	\$145	\$					\$					\$					\$					\$
U14 Bantam (b. 2005/2006) +CKC Fee	\$145	\$					\$					\$					\$					\$
U16 Midget (b. 2003/2004) +CKC Fee	\$145	\$					\$					\$					\$					\$
HP Paddling (U14+) +CKC Fee	\$185	\$					\$					\$					\$					\$

SWIM PROGRAM

Last Swim Level Achieved						
Swim Session 1 (July 2-12)	\$65	\$				\$
Swim Session 2 (July 16-26)	\$65	\$				\$
Swim Session 3 (August 6-16)	\$65	\$				\$
Mini Gators (ages 3-5) Please Circle Session - 1 2 3	\$65	\$				\$
Private Lessons: Please Circle Session - 1 2 3	\$110	\$				\$

Rookie: Please Circle Session - 1 2 3	\$65	\$	\$	\$	\$	\$
Ranger: Please Circle Session - 1 2 3	\$65	\$	\$	\$	\$	\$
Star: Please Circle Session - 1 2 3	\$65	\$	\$	\$	\$	\$
Bronze Medallion (Session 1 only)	\$80	\$	\$	\$	\$	\$
Bronze Cross (Session 2 only)	\$80	\$	\$	\$	\$	\$
TOTAL PROGRAM FEES (CAPPED AT \$550)						\$
*CKC FEES (mandatory for U10-U16 Paddlers/Non-Refundable)						
(U10 \$57) (U12 \$67) (U14 \$72) (U16 \$92)	\$	\$	\$	\$	\$	\$
MISCELLANEOUS FEES (excluded from Program Fee Cap)						
Swim Team	\$155					
Boat Storage Fee	\$75	\$	\$	\$	\$	\$
LATE MEMBERSHIP FEES (Include: Membership/Fundraising/Club Commitment)				SINGLE \$360	FAMILY \$495	\$
TOTAL FEES (Program+CKC+Miscellaneous+Membership) **\$50 NSF Fee **No Refunds						\$

FAMILY SURNAME: _____

PAYMENT DETAIL (Office Use Only)

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.	Notes:
		\$			
		\$			
		\$			
Credit Card (Auth# _____)		\$			
e-Transfer (Conf# _____)		\$			
Interac (Auth# _____)		\$			
Cash		\$			