

A.C.VIKINGS Registration Form 2011-2012



Complete payment must be submitted with this registration form. No swimmer will be allowed to participate until they have completed a registration form, emergency consent form and submitted the appropriate fees.

Swimmer's First Name:	Swimmer's Last Name: _____ Gender: _____
Street Address:	Postal Code:
City:	Date of Birth: (DD/MM/YR) _____ / _____ / _____
Home No.: ()	E - Mail Address:

Mother's Name:	Father's Name:
Business No:	Business No:
Cell No:	Cell No:
E-Mail Address:	E-Mail Address:

Emergency Contact Information and Release:

Swimmer's First Name:	Swimmer's Last Name: _____ Gender: _____
Street Address:	Postal Code:
City:	Date of Birth: (DD/MM/YR) _____ / _____ / _____
Home No.: ()	E - Mail Address:

Emergency Medical Authorization: In case of emergency, I hereby authorize the doctor (and whomever they may designate as their assistants), or the hospital to which my child may be brought, to perform any emergency procedure or operation and to give treatment and the administration of an anesthetic to my child during his/her enrollment in the A.C Vikings Swim Team. In emergency situations, where for some reason the parent/guardian of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will be used only when absolutely necessary and only after attempts to contact the parent/guardian(s) have failed. Doctors and hospitals may refuse to give any treatment, regardless of how minor, unless they have authorization from the parents/guardians. As you know, time can be a factor when medical attention is needed. This authorization will be kept on file at the AquaCenter.

Parent/Guardian if Under 18:

Last Name: _____ First Name: _____

Signature: _____ Date: _____

General Policy and Procedures

- a. There will be no prorating *Initial Here:* _____
- b. Numbers for all programs are limited and slots are filled on a strictly first-come, first-serve basis *Initial Here:* _____
- c. Levels subject to change upon staff evaluation *Initial Here:* _____
- d. A.C. Vikings Swim Team and / or the AquaCenter Swim School shall not be responsible for any loss or damage to personal property. *Initial Here:* _____
- e. **Cancellation Policy:** On written withdrawal, all of the registration fee minus (the rate per month times the number of months attended + \$100 administration fee) *Initial Here:* _____
- f. NFS Cheques are subject to a fee of \$75.00. *Initial Here:* _____
- g. **Photo Release:** I hereby grant to the AquaCenter Swim School for health, Fitness and Sport and A.C. Vikings Swim Team and to its employees, agents and assigns the right to photograph my dependent and use the photo and or other digital or electronic publishing via the internet *Initial Here:* _____
- h. I hereby give permission for my child to: Take part in all AquaCenter activities; be treated by the AquaCenter staff, local doctor, or area hospital in the case of an emergency; and appear in photographs that may be used for the purpose of publications or advertising including the AquaCenter website. *Initial Here:* _____

Parent/Guardian if Under 18:

Last Name: _____ First Name: _____

Signature: _____ Date: _____

A.C.VIKINGS SWIM TEAM

Parent Code of Conduct

As parent/guardian of a swimmer with the A.C Vikings Swim Team, I will abide by the following guidelines:

I. I will support the values of Sportsmanship, Teamwork, Self Discipline, Loyalty, Commitment, and Hard Work at meets, practice, and other swimming events, in all my dealings with coaches, parents, swimmers and officials.

II. I will not interfere with the coaches on the pool deck or coach or instruct the team or any swimmer, either at practice or meets. If I have a concern with my swimmer or the program I understand the appropriate course of action is to schedule an appointment with the coaching staff to discuss my concerns.

III. I will demonstrate good sportsmanship at all meets, practices and team events. I will maintain control and conduct myself in a manner that is respectful of others. I understand that criticizing, name-calling, use of abusive language or gestures directed towards swimmers, coaches, officials, volunteers or any other parent is unsportsmanlike will not be tolerated and may result in disciplinary action.

IV. I agree to sign this Code of Conduct understanding that violation of this code may result in sanctions on participation with the A.C. Vikings Swim Team including loss of membership.

***Both Parents/Guardians must sign where applicable.**

Parent/Guardian if Under 18:

Last Name: _____ First Name: _____

Signature: _____ Date: _____

Parent/Guardian if Under 18:

Last Name: _____ First Name: _____

Signature: _____ Date: _____

A.C. VIKINGS SWIM TEAM WAIVER

WAIVER AND RELEASE OF ALL CLAIMS:

I _____, as a 2011 participant in the A.C Vikings Swim Team, at facilities owned by the AquaCenter Swim School (the "Team"). Or as the parent/guardian of a minor child participant ("Minor Child") do hereby recognize and acknowledge that there are certain risks of physical injury associated with the Team and I hereby agree to assume the full risk of any injuries, damages or loss which I or the Minor Child sustain as a result of participation in any and all activities connected with or associated with such a Team. I also agree to waive and relinquish all claims I, or others on my behalf, may have as a result of my participation or the participation of the Minor Child in the Team, against the A.C Vikings Team, The AquaCenter Swim School, AquaCenter Group Inc., its directors, officers, agents, servants, employees and members (collectively, "Released Parties"). I hereby fully release and discharge the Released Parties from any and all claims from injuries, damage or loss that may accrue to me or the Minor Child on account of my participation or the participation of the Minor Child in the Team. I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries, damages and losses sustained by the Minor Child or me and arising out of, connected with, or in any way associated with the activities of the Team. I have read the above recreation waiver and release of all claims, and understand that my signature is required below in order to participate in the Team. Signature is required of all participants 18 years or older and of parent/guardian for those participants under 18 years of age.

PARTICIPANT AND/OR PARENT/GUARDIAN OF A MINOR CHILD HAS CAREFULLY READ THIS AGREEMENT, UNDERSTANDS ITS CONTENTS AND SIGNS IT WITH FULL KNOWLEDGE THAT IT CONSTITUTES A WAIVER OF LEGAL RIGHTS.

Parent/Guardian if Under 18:

Last Name: _____ First Name: _____

Signature: _____ Date: _____

FEE SCHEUDLE AND PAYMENT PLAN

A.C. Vikings Swim Team Groups:	Fees	Total Hours	Swim Times	Note
Aluminum Group Age 5 to 7	\$1,000.00 + HST	3Hours	Tues/Thurs 6:00-7:00pm Sat 11:00-12:00	
Bronze Group Age 6 to 9	\$1200.00 + HST	4 Hours	Mon / Wed/ Fri 6:00 7:00pm Sat 10:00-11:00am	
Silver Group Age 9 to 12	\$1800.00 + HST	8 ½ to 10 hours	Mon/ Wed /Fri 6:00-8:00pm Tues 6:00-7:30am Thurs 6:00-7:00pm -7:30-8:30pm (DRY) Sat 7:00- 9:00am 9:00-10:00 (DRY)	
Gold Group Ages 12 and up	\$2600.00 + HST	15 Hours and 3 Hours Dry Land	Mon / Wed / Fri 4:00- 6:00pm Tues 6:00-7:30AM, 4:00-6:00pm, 7:00-8:00pm (DRY) Thurs 6:00-7:30 AM, 4:00-6:00pm, 7:00-8:00pm (DRY) Sat 7:00-9:00Am, 9:00-10:00am (DRY)	
Kids Fitness 1 to 3 Workout 4 to 6 Workout	\$300.00 + HST \$550.00 + HST	Mon/Tues/ Wed / Thurs/ Sat.	Mon/ Wed /Sat 9:00-11:00am Tues 6:00-7:30Am, 8:00-9:00PM Thurs 8:00-9:00PM Sat 10:00-11:00AM	
Masters 1 to 3 Workout 4 to 6 Workout	\$300.00 + HST \$550.00 + HST	Mon/Tues/ Wed / Thurs/ Sat.	Mon/ Wed /Sat 9:00-11:00am Tues 6:00-7:30Am, 8:00-9:00PM Thurs 8:00-9:00PM Sat 10:00-11:00AM	

	Date	Amount	Method of Payment
Full Payment		\$	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Debit <input type="checkbox"/> Amex
Deposit (1 st & last Month)		\$	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Debit <input type="checkbox"/> Amex
Post Dates	October 1, 2011	\$	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Debit <input type="checkbox"/> Amex
	November 1, 2011	\$	
	December 1, 2011	\$	
	January 1, 2011	\$	
	February 1, 2011	\$	
	March 1, 2011	\$	
	April 1, 2011	\$	
	May 1, 2011	\$	

Parent or Guardian:

Last Name: _____ First Name: _____

Signature: _____ Date: _____