



Toronto Summer Swim Camp 2019 Registration Form

Name of Swimmer: _____

(surname)

(first name)

Age: _____ Birth Date: _____ Gender: _____

(DD/MM/YYYY)

Club Affiliation: _____

Email: _____

Home Address: _____

Home #: _____

Parents Contact Information:

Name _____ Tel: (C) _____ (W) _____

Name _____ Tel: (C) _____ (W) _____

Emergency Contact (if parents unavailable):

Name: _____ Relationship: _____

Tel: (H) _____ (O) _____ (C) _____

Allergies or other medical concerns:

Please indicate which week or weeks swimmer will attend.

Note: Choose any combination of weeks, 1 through 8. Each week will be different.

Week #1- July 2-5	\$176 + HST = \$198.88	Week #5 Aug 29-2	\$220 + HST = \$248.60
Week #2 July 8-12	\$220 + HST = \$248.60	Week #6 Aug 6-9	\$176 + HST = \$198.88
Week #3 July 15-19	\$220 + HST = \$248.60	Week #7 Aug 12-16	\$220 + HST = \$248.60
Week #4 July 22-26	\$220 + HST = \$248.60	Week #8 Aug 19-23	\$220 + HST = \$248.60

*No camp on Canada Day Holiday (July 1) and the Civic Holiday (Aug 5). The price reflects the change. *



Toronto Summer Swim Camp 2019

Participation Consent Agreement

Swim Toronto strives to ensure a safe environment for its swimmers. However, parents or guardians should understand that injuries can occur during some activities because of the inherent nature of the activity and without neglect on the part of the swimmer or the Club.

The parent or legal guardian authorizes the swimmer to participate in Swim Toronto activities and releases Swim Toronto and any of its coaches from any and all claims which may arise by reason of the Swimmer's participation in Swim Toronto activities, including any and all claims which may arise due to bodily injury or illness.

If reasonable attempts to contact the parent or guardian are unsuccessful, the parent or legal guardian authorizes the Club, coaches and/or any representative of the Club to authorize such medical attention as may be necessary and appropriate in the circumstances should a swimmer suffer an injury or illness while participating in Swim Toronto Camp activities and agrees to pay for all medical and any other related expenses incurred in such event.

The parent or legal guardian releases Swim Toronto, its coaches and/or any representative of Swim Toronto from any claim arising from the medical treatment a swimmer may require while participating in Swim Toronto Camp activities.

The parent or legal guardian acknowledges that should a swimmer not abide by the rules and expectations as established by Swim Toronto, and its coaches while participating in Swim Toronto Camp activities, at the discretion of the coaches, the swimmer's participation may be terminated. Any additional costs incurred by reason of the termination of a swimmer's participation in Swim Toronto Camp activities will be the responsibility of the parent or legal guardian.

_____ (Date)
(Signature of parent or legal guardian)

_____ (Please print name)

Please complete the Registration Form and mail it with full payment to Swim Toronto
Cheques made Payable : Swim Toronto

Swim Toronto
5 Blantyre
Toronto, ON
M1N 2R3

Payment:

Total number of weeks _____ **subtotal**

_____ **TOTAL**