



Toronto Summer Swim Camp 2014 Registration Form

Name of Swimmer: _____
(surname) (first name)

Age: _____ Birth Date: _____ Sex: _____
(DD/MM/YYYY)

Club Affiliation: _____
(Swimmers who are not registered with a Swim Ontario club will be charged \$15.00 as a one time fee for insurance purposes)

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 2-4*	\$105 + HST = \$118.65	Week #5 July 28-01	\$180 + HST = \$203.40
Week #2 July 7-11	\$180 + HST = \$203.40	Week #6 Aug 5-8*	\$145 + HST = \$163.85
Week #3 July 14-18	\$180 + HST = \$203.40	Week #7 Aug 11-15	\$180 + HST = \$203.40
Week #4 July 21-25	\$180 + HST = \$203.40	Week #8 Aug 18-22	\$180 + HST = \$203.40

*No camp on Canada Day or Civic Holiday (Aug. 04). The price reflects the change.



Toronto Summer Swim Camp 2014

Participation Consent Agreement

The Toronto Swim Club (TSC) and 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 the Club, its Board of Directors and coaches from any and all claims which may arise by reason of the Swimmer's participation in TSC or 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 the Club 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, its coaches and/or any representative of the Club 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

Swim Toronto
184 Pape Ave
Toronto
M4M 2V8

Payment:

Total number of weeks _____ **subtotal**

Add one time \$15 Swim Ontario Registration
(if not a member of a Swim Ontario affiliated Club in 13/14)

_____ **TOTAL**