



Mini-Rays Bootcamp – Spring Registration 2017

Swimmer's Name: _____	DOB (DD/MM/YY): _____
Address: _____	F <input type="checkbox"/> M <input type="checkbox"/>
Town: _____	Postal Code: _____
Home Ph: (____) _____	Email: _____
Parent/Guardian: _____	Cell/Work Ph: (705) _____
Parent/Guardian: _____	Cell/Work Ph: (705) _____
Emergency Contact: _____	Cell/Work Ph: (705) _____
Allergies/Medical Conditions: _____	

KLAC MINI-RAYS Spring Bootcamp

Cost \$24

Payment received: _____ Initials: _____

Payment Method: Cash

Cheque

Visa

Mastercard

Dates:

Week #1

Tuesday, March 21st (4-5pm)

Thursday, March 23rd (4-5pm)

Friday, March 24th (4-5pm)

Week#2

Tuesday, March 28th (4-5pm)

Thursday, March 30th (4-5pm)

Friday, March 31st (4-5pm)

****Swimmers must be able to complete one length (25m) of the pool****

Consent:

As a parent/guardian of the swimmer listed above, I give permission for my child's image to be used in all KLAC publications and promotions (I.e. website, media, etc.)

I authorize the coaches to take any action they deem necessary in the case of an emergency. I, the undersigned, do hereby release Kirkland Lake Aquatic Club, their staff and the swimming pool owner and staff from all claims for damages arising from and/or associated with any accident or injury which occurs or arises thereafter to the applicant named heron or to any spectator, guardian, or parent of the applicant during the swim program at any location.

Parent/Guardian Signature: _____ Date: _____

Received By: _____ Date: _____