

# Mic Mac Amateur Aquatic Club

## 2009 Spring Registration

### Parent/Guardian Information

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cellular \_\_\_\_\_  
 Email \_\_\_\_\_

I hereby agree to accept the authority of the Mic Mac Amateur Aquatic Club, staff, and coaches. I agree to conduct myself in a mature and responsible manner and to treat other club members and club equipment with respect at all times.

I hereby acknowledge that there are inherent risks involved with participation in any of the aquatic sports offered by the Mic Mac Amateur Aquatic Club.

I therefore agree that the Mic Mac A.A.C., its Officers, and any beneficiaries of the aforementioned shall not be held liable or responsible for any personal injury, loss of life, or loss or damage of personal possessions sustained as a result of participation in any of the sports programs.

### Athlete Information

1. Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Health Card # \_\_\_\_\_  
 Medical Conditions \_\_\_\_\_

2. Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Health Card # \_\_\_\_\_  
 Medical Conditions \_\_\_\_\_

3. Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Health Card # \_\_\_\_\_  
 Medical Conditions \_\_\_\_\_

Description of Personal Property Stored on Premises	Estimated Value of Personal Property	Personal Insurance

\_\_\_\_\_  
 Signed

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

### IN CASE OF EMERGENCY:

Name \_\_\_\_\_  
 Phone # \_\_\_\_\_

#### OFFICE USE ONLY

Membership Type:

Family \_\_\_\_\_

Single \_\_\_\_\_

Master \_\_\_\_\_

War Canoe \_\_\_\_\_

**PREVIOUS CLUB:** \_\_\_\_\_

Athlete responsible to provide Transfer Letter. Please see the Club Registrar regarding Division Transfer Policy

## SPRING PROGRAM TRAINING FEE

<b>2009 SPRING PROGRAM</b>	<b>FEE</b>	<b>TOTAL FEE</b>
<b>Apr - June</b>		
<b>Beginner 5 TIMES/WK Coach - Sarah Cameron</b>	\$75 per month x ____ mths	
<b>Intermediate 8-10/WK Coach – Stefan Scarola</b>	\$100 per month x ____ mths	
<b>High Performance 10-13/WK Coach – Trevor Marshall</b>	\$120 per month x ____ mths	
<b>New member - Mic Mac AAC</b>	\$50	
<b>Grand Total</b>		

### Method of Payment

1. Cheque  
(Posted dated cheques for the 1<sup>st</sup> of each month will be accepted)
2. Visa/Mastercard
3. Cash