

LLSC Registration 2017 – 2018

Name: _____ Gender M F Date of Birth:(MM/DD /YY) ____/____/____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Alternate Phone: _____

E-mail: _____

Parent/Guardian Name(s): _____ Parent ___ Guardian ___

Emergency Contact Name: _____ Contact Number: _____

Returning Swimmer: Yes No If YES – Swim Ontario # _____

Does your swimmer have any medical problems that might require special consideration or emergency action
(including allergies) that the club should be aware of? Y _____ N _____

If yes, please explain: _____

1. I understand that it is my responsibility to ensure that the above named swimmer is medically fit to engage in athletic/swimming activities as determined by our family physician.
2. I have read the conditions pertaining to LLSC participation and agree to the same conditions.
3. I hereby release the Coaches, Officials, Directors of the Lindsay Lightningbolts Swim club (LLSC) as a whole from any and all liability, actions or causes of action in connection with any accident or injury whatsoever sustained by the swimmer while swimming, competing and/or traveling with LLSC.
4. LLSC is responsible for the application for affiliation with Swim Ontario in order to be covered by the Insurance of that governing body.
5. I authorize and designate any official of LLSC to act as my/our agent in the event of an emergency should any medical attention and/or hospitalization be necessary.
6. I understand that images of club swimmers may be used for promotional purposes.

For Fundraising my swimmer plans to participate in Swim-a-thon OR Tag Day (Please circle one)

Signature of Parent/Guardian: _____ Date: _____

Your swimmer will NOT be permitted to participate in any club activities until this form is completed and the COD is signed, returned to LLSC with payment of fees.

We recommend every swimmer be covered by the Student Accident Insurance Plan endorsed by your school board.

*Please check the box in the top right corner to indicate your program choice.
Also check the appropriate boxes to indicate your preferred time slot for the Bronze Jr and Novice.
Post-dated cheques can be submitted.*

<p>Bronze-Jr <input type="checkbox"/></p> <p>2 Days/Wk (Tues & Thurs) Select preferred time slot</p> <p>Oct 3 to Jun 7 - \$795</p> <p>4:30 to 5:15 <u>OR</u> 5:15 to 6:00 <input type="checkbox"/> <input type="checkbox"/></p>

<p>Silver-Jr <input type="checkbox"/></p> <p>3 Days/Wk (Mon, Wed, & Fri)</p> <p>Oct 2 to Jun 6 - \$1200</p> <p>4:30 – 6:00</p>
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<p>Novice <input type="checkbox"/></p> <p>(Red Fish/Blue Fish) 1 Day/Wk Monday Select preferred time slot</p> <p>Oct 2 to June 4 - \$415</p> <p>4:30 to 5:15 <u>OR</u> 5:15 to 6:00 <input type="checkbox"/> <input type="checkbox"/></p>

<p>Bronze-Sr <input type="checkbox"/></p> <p>2 Days/Wk (Tues & Thurs)</p> <p>Oct 3 to Jun 7 - \$985 4:30 to 6:00</p>
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<p>Silver-Sr <input type="checkbox"/></p> <p>(Huron Standard Qualified Swimmers) 4 Days/Wk</p> <p>Oct 2 to Jun 6 - \$1350 Mon, Wed, Fri - 4:00 to 6:00 Sat – 6:30am to 8:00am</p>

<p>Gold <input type="checkbox"/></p> <p>6 Days/Wk</p> <p>Oct 2 to Jun 7 - \$1950 Mon, to Fri - 4:00 to 6:00 Sat – 6:30am to 8:00am</p>
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Fees Raffle 1 Raffle 2 COD PIPEDA