



# ELEMENTARY SCHOOL SWIM REGISTRATION

January 12 – March 10, 2016

Swimmer's Name: \_\_\_\_\_ male / female  
First Last

Parent(s)/Guardian(s) full names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Sport Pass #: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work (mom): \_\_\_\_\_ (dad): \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ email: \_\_\_\_\_  
year month day

**School:** (check your school) \_\_\_\_\_

**STUDENTS GRADE:** \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Amy Woodland - practice Wednesday: 3:45 - 4:15 pm    | <input type="checkbox"/> Gordon Terrace - practice Tuesday: 3:45 - 4:15 pm               |
| <input type="checkbox"/> Highlands - practice Tuesday: 3:45 - 4:15 pm         | <input type="checkbox"/> Kootenay Christian Academy - practice Wednesday: 3:45 - 4:15 pm |
| <input type="checkbox"/> Kootenay Orchard - practice Thursday: 3:45 - 4:15 pm | <input type="checkbox"/> Pinewood - practice Tuesday: 3:45 - 4:15 pm                     |
| <input type="checkbox"/> Steeples - practice Tuesday: 3:45 - 4:15 pm          | <input type="checkbox"/> St. Mary' - practice Wednesday: 3:45 - 4:15 pm                  |
| <input type="checkbox"/> TM Roberts - practice Wednesday: 3:45 - 4:15 pm      |  |

### REGISTRATION INFORMATION

<p><b>ALL swimmers must register with Swim BC.</b></p> <p>Swim BC Registration: (<b>ALL</b> swimmers must register with Swim BC – if this fee was paid last session (Oct – Dec 2015) then it is no charged for this session)</p> <p style="text-align: center;">Coaching and Pool Fee</p> <p style="text-align: center;"><b>TOTAL DUE</b></p> <p><i>Swimming is for 9 weeks from January 11 – March 10, 2016</i></p>	<p style="text-align: center;"><b>Amount Due</b></p> <p style="text-align: center;">\$ 40.00</p> <p style="text-align: center;">\$ 60.00</p> <p style="text-align: center;"><u>\$ 100.00</u></p>	<p style="text-align: center;"><b>Payment Details</b></p> <p style="text-align: center;"><b>Payment to be made out to the Cranbrook Triton Swim Club</b></p> <p><input type="checkbox"/> Payment in full</p> <p>Cheque #: _____ Cash: _____</p>
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### HEALTH INFORMATION (required)

Health Care Number: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Or Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

I / We give permission to the Triton Swim Club's coach or chaperone(s) to act on my / our behalf in regards to any medical problems if we cannot be contacted that \_\_\_\_\_ may be encountered while participating with the swim club.  
(name)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_