



Sault Ste Marie Aquatic Club

Registration form for Competitive Program

Contact and Medical information

Swim Season : 2009-2010	Date :
-------------------------	--------

Family Contact information (Please Print)

	Last	First	Phone Res.	Phone Bus.	Phone Cell	Occupation (Optional)	Email address
Mother							
Father							
Guardian							

Street Address:	Postal Code :
City:	Province / State
Emergency contact:	Relationship:

Swimmer background and Medical Information

Swimmer's name	Date of Birth (YYYY-month-dd)	Gender (M or F)	Previous Swim Experience (Program/Level)	Previous Swim Club	Previously registered with SNC	Health Concerns	Allergies or medical issues to be disclosed to coach	Medication	Info given to coach
1.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
2.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
3.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Other concerns or comments:

PLEASE NOTE: We need a copy of the birth certificate and of the health card for each swimmer

Registrar Use Only

Received:								
Swimmer's name	Registration ID number	Registered with SNC	Photocopy of Birth Certificate	Photocopy of Health Card	Health Card Number	PIPEDA signed	Signed Code of Conduct	Transfer?
1.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian name						Swimming 101 Required?	Signed Code of Conduct	
1.						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	



Sault Ste Marie Aquatic Club

Registration form for Competitive & Pre-competitive

Family Commitments

Swim Season :	2009-2010	Date :	
---------------	-----------	--------	--

Family Name :	
---------------	--

Family Commitments

Please check and initial each of the following statements that is accurate:

- I have received the SSMAC Information Package for the current Swim Season. (_____)
- I have been advised of equipment requirements. (_____)
- I have been made aware that all new members must attend an information session entitled "Swimming 101" within 30 days of joining the club. (_____)

FUNDRAISING - I/We will (please check one and initial that statement)

- raise the appropriate fundraising levies \$ _____ using the various activities and remit it to the Club by _____. (_____)
- not participate in Fundraising activities and elect to pay an additional \$ _____ fee in lieu of this levy. (_____)

SWIM-A-THON - I/We will (please check one and initial that statement)

- raise the appropriate Swim-a-thon pledge \$ 100.00 per swimmer and remit it to the Club by _____. To the extent that I/we earn in excess of the commitment, I/we understand that the excess may be transferred to our total Fundraising commitment. (_____)
- not participate in the Swim-a-thon and elect to pay an additional \$ _____ fee in lieu of this pledge. (_____)

PARTICIPATION - I/ We will (please check one and initial that statement)

- participate in the Club's' Participation Policy and earn the minimum annual points commitment for my swimmer at the highest level \$ _____. I/we recognize that failure to earn the required minimum will result in a financial levy of \$1.00 per point. (_____)
I would like to be considered for the following position(s):
- not participate in the Clubs' Participation Policy and elect to pay an additional \$ _____ fee in lieu of participation. (_____)

Name (Please PRINT legibly)

Signature

Date