

# Haney Neptunes Registration

Year: 2011

Season: Summer Fall Winter

Haney Neptunes  
Aquatic Club  
P.O. Box 34  
Maple Ridge, BC  
V2X 7E9



## Family Information (Parent/Guardian/Athlete)

Father/Guardian Last Name: Swimfamily First Name: Bob email: \_\_\_\_\_  
 Mother/Guardian Last Name: Swimfamily First Name: Sue email: swimmom@email.com  
 Mailing Address: 12412 Any Street City: Maple Ridge Prov: BC Postal: V2X 0N0  
 Home Phone: 604 555-0000 Phone ( celle ): 778 555-0000 Phone ( type ): \_\_\_\_\_  
 Emergency Contact: Mr. Swim Uncle Relationship: Uncle Contact Phone: 604 555-9001  
 Family Doctor Name: Dr. A Swimspecialist Doctor Phone: 604-555-3020

## Athlete Information

Last Name: <u>Swimfamily</u>	First Name: <u>Jimmy</u>	Program or Fee Name: <u>swimming</u>	Amount of Fee: \$ <u>375.00</u>
Birthdate: <u>04/16/02</u>	CareCard#: <u>919 000 000</u>		
Speed Swimming <input checked="" type="checkbox"/> Water Polo <input type="checkbox"/> Synchronized Swimming <input type="checkbox"/> Masters Swimming <input type="checkbox"/> 6 & Under <input type="checkbox"/> Hammond Development <input type="checkbox"/>			
<b>Athlete Subtotal</b>			<b>\$ 375.00</b>

## Athlete Information

Last Name: <u>Swimfamily</u>	First Name: <u>Jennifer</u>	Program or Fee Name: <u>swimming</u>	Amount of Fee: \$ <u>500.00</u>
Birthdate: <u>09/22/00</u>	CareCard#: <u>919 000 000</u>	<u>synchro</u>	<u>(incl above)</u>
Speed Swimming <input checked="" type="checkbox"/> Water Polo <input type="checkbox"/> Synchronized Swimming <input checked="" type="checkbox"/> Masters Swimming <input type="checkbox"/> 6 & Under <input type="checkbox"/> Hammond Development <input type="checkbox"/>			
<b>Athlete Subtotal</b>			<b>\$ 500.00</b>

## Athlete Information

Last Name: _____	First Name: _____	Program or Fee Name: _____	Amount of Fee: \$ _____
Birthdate: _____	CareCard#: _____		
Speed Swimming <input type="checkbox"/> Water Polo <input type="checkbox"/> Synchronized Swimming <input type="checkbox"/> Masters Swimming <input type="checkbox"/> 6 & Under <input type="checkbox"/> Hammond Development <input type="checkbox"/>			
<b>Athlete Subtotal</b>			<b>\$ _____</b>

## Payment and Fundraising Information

Fee Payment:  Cash: \$ \_\_\_\_\_  Cheque: # 102 \$ 875.00 Fee Subtotal: 875.00  
 Fundraising:  Cash: \$ \_\_\_\_\_  Cheque: # 103 \$ 150.00 HNAC Registration: Incl.  
 Post Dated Cheques (Summer Only) Less Discount: \_\_\_\_\_  
 (Cheque #, Amt and Date) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ **Total Payable: 875.00**

## Acceptance and Media Waiver

I, the undersigned, give my permission for the athletes listed above to participate in the activities of the Haney Neptunes Aquatic Club (HNAC). I do hereby waive, release, absolve, and agree to hold harmless the volunteers of the HNAC and their directors and staff. I grant permission for the athletes listed above to participate in Swim Team meets and practices and acknowledge that they are physically able to participate in these activities. I also hereby give consent for the HNAC representative to seek medical attention for my child through a physician of the representative's choice if an emergency contact cannot be reached. Further, I understand that photos and/or video footage may be taken and used to promote the Haney Neptunes Aquatic Club (HNAC) either in print or electronic media.

Signature of Parent/Guardian/Athlete: YOU sign this part! Date: 03/10/11

Registrar or HNAC Representative: WE sign this part! Date: 03/10/11