

# Haney Neptunes Registration

Year: \_\_\_\_\_

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: \_\_\_\_\_ First Name: \_\_\_\_\_ email: \_\_\_\_\_

**Mother/Guardian** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Phone ( type ): \_\_\_\_\_ Phone ( type ): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

## Athlete Information

		Program or Fee Name	Amount of Fee
Last Name: _____	First Name: _____		\$ _____
Birthdate: _____	CareCard#: _____		
<input type="checkbox"/> 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			
<b>Athlete Subtotal</b>			<b>\$ _____</b>

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<b>Athlete Subtotal</b>			<b>\$ _____</b>

## Payment and Fundraising Information

**Fee Payment:**  Cash: \$ \_\_\_\_\_  Cheque: # \_\_\_\_\_ \$ \_\_\_\_\_ Fee Subtotal: \_\_\_\_\_

**Fundraising:**  Cash: \$ \_\_\_\_\_  Cheque: # \_\_\_\_\_ \$ \_\_\_\_\_ HNAC Registration: \_\_\_\_\_

**Post Dated Cheques (Summer Only)** Less Discount: \_\_\_\_\_

(Cheque #, Amt and Date) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ **Total Payable:** \_\_\_\_\_

## 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: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar or HNAC Representative: \_\_\_\_\_ Date: \_\_\_\_\_