

Mahone Bay Pool Hammerheads Registration: 2019

www.mahonebaypool.com

Parent/Guardian Name: _____.
Mailing Address: _____.
Civic Address: _____.
Phone (Home): _____, Emergency/Work/Other: _____.
Email Address Checked Regularly: _____.

MEMBERS		NON-MEMBERS	
Child 1	<input type="checkbox"/> \$90	Child 1	<input type="checkbox"/> \$100
Child 2-5	<input type="checkbox"/> \$80	Child 2-5	<input type="checkbox"/> \$90

Please list any health or medical concerns that we should know about (i.e. allergy to drugs, other specific medical conditions, physical disabilities, special needs, etc.)

_____.

_____.

_____.

	Child/Participant Name(s)	Date of Birth	Health Card/MSI#	Last level Completed
1.				
2.				
3.				
4.				
5.				

Check this box if you would like to receive promotional material from the Mahone Bay and Area Swimming pool regarding its future and current course offerings.

Waiver

I, a parent or guardian of the above-named person(s), hereby give my consent for their participation in the Mahone Bay and Area Swimming Pools Hammerheads Swim Team.

It is understood and agreed that there is inherent risk in participating in activities and programs at the Mahone Bay and Area Swimming Pool, and the Mahone Bay and Area Swimming Pool Society, its staff and its professional, and non-professional volunteers are in no way responsible for any damage or loss of property, or injury to participants. I the undersigned, therefore release and agree to indemnify and hold harmless the Mahone Bay and Area Swimming Pool Society, its staff and professional and non-professional volunteers, and sponsors from all claims arising from and out of any injury or loss suffered by the above-named person(s) during any involvement with the activities and programs occurring at the Mahone Bay Swimming Pool.

Signature of Parent/Guardian: _____ . Date: _____ .

Photography Consent

Over the course, we may take photos of the candidates in order to promote the course to future potential candidates, as well as to post on the Mahone Bay and Area Swimming Pool website, Facebook page, or Instagram page. Individuals WILL NOT be identified. There may be captions or titles, but names will not be included.

I, _____ . **HEREBY CONSENT** on behalf of names stated in “Child/Participant Name” and I **AUTHORIZE** the Mahone Bay and Area Swimming Pool Society to use, publish, and display photograph(s) for promotional purposes only

Signed at Mahone Bay Pool this ____ . day of _____ . 20 ____ .

Signature: _____ . Witness: _____ . (age 18+)

Print Name: _____ .



Office Use Only:

Comments:

_____.

_____.

_____.

Communication:

_____.

_____.

_____.

Office Use Only	
Total Registration Amount Due	
Total Amount Received	
Cash Amount	
Cheque Number	
Receipt Number	

Date: _____.

Received by Signature: _____.

Managers Signature: _____.