



Kamloops Sunrays Registration Form 2017-2018 Season

AG Level: _____

Swimmer : _____ Age: _____ Birthdate: _____

Address: _____

Total Fee Amount	Monthly \$	Paid ?
Meet Fees:	1. Fall Conference \$	
	2. Training Meet \$	
	3. Routine Meet \$	
	4. Regionals \$	
	5. Jean Peters \$	
	6. NS Training Meet \$	
	7. NS Regionals \$	
	8. NS Provincials \$	
	9. Qualifiers \$	
	10. Espoir \$	
Other	\$	
Misc. Equip	\$ (ex. swim suit)	

Contact Information

Parent Name(s)	Home Ph.	Work Phone	Cell
_____	_____	_____	_____
Parent/Guardian			

Parent/Guardian			

E-Mail _____

Other Emergency Contact Name & Phone: _____

Family Doctor: _____ Phone: _____ Medical Plan Number: _____

Allergies/Conditions/Comments: _____

I give my permission for images of my child to be used in promotions such as newspaper, Sunrays website, advertisements, flyers and TV or video provided they are approved by the Synchro Club.	Yes: No:
In accordance with the Privacy Act, information on this form is collected to meet our liability insurance requirements, to assist with billing, to register swimmers for competitions, and to efficiently contact our swimmers and their families. I give permission for the Kamloops Sunrays to use information in this way and to include my phone number and e-mail address on the club's roster.	Yes: No:
By registering my child in this club, I am aware that I will be expected to volunteer according to the level my child is swimming. <i>Signature of parent or guardian if swimmer is under the age of 18.</i>	Signature
In consideration of this application being accepted, I, the undersigned, hereby for myself, my heirs, and administrators, waive and release all rights against the "KAMLOOPS SUNRAYS SYNCHRONIZED SWIM CLUB" for any injuries sustained by me at any competition or practice or function held under the jurisdiction of the "KAMLOOPS SUNRAYS SYNCHRONIZED SWIM CLUB" and/or its affiliated sports associations. I further acknowledge that as a parent or guardian of a minor I become a society member of the Kamloops Sunrays Synchronized Swim Club. <i>Signature of parent or guardian if swimmer is under the age of 18.</i>	Signature

Please make cheques payable to: K S S S C