



## Kamloops Sunrays Registration Form 2017 Summer Camp

AG Level: \_\_\_\_\_

Swimmer : \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Total Fee Amount	Monthly \$	Paid ?
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. <span style="color: red;">Signature of parent or guardian if swimmer is under the age of 18.</span>	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. <span style="color: red;">Signature of parent or guardian if swimmer is under the age of 18.</span>	Signature

Please make cheques payable to: K S S S C