

# HAMILTON AQUATIC CLUB

Website: [hamiltonaquaticclub.ca](http://hamiltonaquaticclub.ca)

PLEASE PRINT CLEARLY

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Group (circle) N1-ME, N1-MW, N1-CS, N1-CW, N2-ME, N2-MW, N2-CS, N2-CW, TAG, AG3, AG2, AG1, Gold, Provincial, Junior, Senior

Swimmer's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Male / Female \_\_\_\_ Date of Birth: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_  
Day Month Year

Daytime and/or cell # in case of an emergency or pool change: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**PLEASE PROVIDE AN ADDRESS AS THE CLUB CIRCULATES INFORMATION BY E-MAIL**

Mother's Name \_\_\_\_\_ Father's Name: \_\_\_\_\_

Please include last name if different than swimmer's

Where did you hear about us? \_\_\_\_\_

## **Refund Policy:**

The "Date of Withdrawal" is the date the Administrative Assistant receives IN WRITING (e-mail is acceptable) notification from the **swimmer's family**. It is not the responsibility of the coach to take action. Refunds will not be retroactive to the last swim practice but rather to the end of the month shown by the "Date of Withdrawal". Volunteer and Bingo commitments will be pro-rated.

This application must be completed IN FULL and be accompanied by ALL REQUIRED PAYMENTS as outlined in the registration package. NSF payments will be charged a \$25 penalty.

**NOTE:** Swim Ontario's Personal Information Protection and Electronic Documents Act requires the Club to have on file a signed consent form from every family. By signing below, you are giving consent to the HAC Administrative Assistant to enter required personal information on the Swim Direct database. The information is not divulged to anyone without prior permission from the family and includes only the swimmer's name, address, date of birth and the parent/guardian name. Your signature on this registration form will meet the requirements Swim Ontario has imposed. Members who refuse to provide their consent will not be accepted into any Club program. Work and cell phone numbers requested above will not be given to Swim Ontario. Any health concerns of the swimmer should be discussed directly with the child's coach.

**I / We have read the registration package and am/are fully aware of and understand the requirements of registration in the Hamilton Aquatic Club.**

**Signature (Parent /Guardian)** \_\_\_\_\_ **Date:** \_\_\_\_\_