MIRAMICHI WHITECAPS SUMMER 2014 REGISTRATION FORM

Join us for our 10 week FUN IN THE SUN Summer Swim program from June 23^{rd} -August 22^{nd} ! Our focus is on stroke development, endurance and fun. For children ages 8-14 who have achieved swimmer 3 or higher. Cost \$100/10 weeks, every Monday/ Wednesday/ Friday.

First Name :		Last Name :		
Date of Birth : (Y/M/D) _	<u>-</u>	Age as of December 31 st :		
Parents/Guardians:				
Mailing Address :				
E-mail Address:				
Home Phone #:		Work Phone # :		
Emergency Contact Nam	ie:	Emergency Contact Phone:		
Doctor:		Phone #:		
N.B. Medicare #:		Expiry Date:		
Does the participant have a	any pre-existing medical c	onditions that the coaching staff should know about?		
Please Specify:	Kinsmen Pool 11-12pm	Chatham Outdoor Pool 4-5p	n	
**Please make checks o locked box on the pool d		to Miramichi Whitecaps Swim Team and deposit in th	e	
C/O Miramichi Whitecap PO box 52 Miramichi NB E1V 3M2	s Swim Team			
Fundraising for	team expenses is en	couraged by all swimmers and their families		
PARENTS SIGNATURE:		DATE:		
******	******	*************	: * *	
Payment received: \$	Owing \$	S: Receipt #:	_	