

MIRAMICHI WHITECAPS REGISTRATION FORM

First Name : _____ Last Name : _____

Date of Birth : (Y/M/D) _____ Age as of December 31st: _____

Parents/Guardians: _____

Mailing Address : _____

E-mail Address: _____

Home Phone # : _____ Work Phone # : _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Doctor: _____ Phone #: _____

N.B. Medicare #: _____ Expiry Date: _____

***Does the participant have any pre-existing medical conditions that the coaching staff should know about?**

Miramichi Whitecap Swimming: Choose 1 of the following groups

- Groups 1:** Saturday 9:00-10:00 a.m. (non competitive 9&U) *need at least 10 swimmers*
- Group 2:** Tuesday & Thursday 4:30-5:30 p.m.
- Group 3:** Mon-Thurs 4:00-5:30 p.m.
- Group 4:** (Full Time) Monday-Thursday 4:00-6:00 pm/ Friday 6:00-7:30 am/ Saturday 7:00-9:00 am + dryland
- Summer Program:**

Kinsmen Outdoor Pool	Mon-Wed-Fri 4pm – 5pm	_____
Chatham Outdoor Pool	Mon-Wed-Fri 11am-12 noon	_____

PARENTS SIGNATURE: _____ DATE: _____

Payment received: \$ _____ Owing \$: _____ Receipt #: _____