



# Burnaby Mountain Mantas Summer Swim Club

## Membership Registration Form

### Swimmer Particulars

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ email Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ mmm dd, yyyy Swimming level last attained \_\_\_\_\_

### Legal Guardian/Parent Particulars

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Relationship \_\_\_\_\_ Mobile Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_ email Address \_\_\_\_\_

Registrant's medical information that coaches should be aware of

Please provide accurate contact information so that we can contact you in case of emergency.

Please note that swimmer who practice up to maximum 2 hours each week during off season in the previous year can be categorized as "S" (Summer) swimmer. Swimmer practiced more than 2 hours each week will be categorized as "O" Swimmer in the following summer season. Other rules may apply. For complete details, please see BCSSA Rules Section 2: Competitor Eligibility.

Registration forms shall be returned to Mantas Registrar. Cheque should be made payable to 'Burnaby Mountain Mantas Summer Swim Club' or 'BMM'. Please include the swimmer's name, address and phone number. Contact Mantas Registrar for the latest fee schedule and payment plan. Cancellation after 1<sup>st</sup> week of practice is subject to the administration fees.

Swimmer must register with BCSSA for insurance coverage. BCSSA registration will be carried out on the 1<sup>st</sup> week of practice.

Awareness of risk: I confirm that my child is in good health and is able to participate in the Mantas program activities. I hereby release Mantas and its coaching staff from any and all applicant claims arising from participation in the Mantas program activities and approve of my child's participation of Mantas program activities.

**\*\* Release waiver:** I understand that photos and/or video footage may be taken and used to promote Mantas training program either in print or electronic media. I give full authorization to Mantas to utilize such photos and/or video footage for non-for-profit purpose without any compensation from Mantas.

Yes  No

Guardian/Parent Name \_\_\_\_\_ (Please print) Guardian/Parent Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Office Use :			
Amount Paid Chq. No. / Cash		<b>T-shirt Size</b>	