


<b>Registration 2019</b>	Parents:					Cell:					<b>Gravelbourg and District Swim Club Inc.</b> 				
	Address:					Home:									
	RM Name & No.:					Email:									
	Child's Name:													Total Registration Fees	
	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	Birthdate:														
Age (As of April 30th)															
Age Group															
Swim Group & Fees															
<b>Swim Sask Registration #</b>															
<b>Health Information</b>	<b>Health Services #</b>												The Medical Information provided here will be shared with the Coach and the Team Manager. All information is strictly confidential!		
	Any health concerns?														
	If Yes, please provide a Brief Description														
	Medical Action Required (please explain):														
	Emergency Contact:					Physician Name:									
	Emergency Phone #:					Physician Phone #:									
<b>Clothing/Equipment</b>	Child's Name:	-		-		-		-		-					
	<b>Swim Suit:</b> Logo/ Price													<i>S/H &amp; taxes are included in all clothing prices</i>	
	Size / Style														
	<b>T-shirt:</b> Y-N / Price														
	Size / Style														
<b>FIN / Shoe Size</b>													Subtotals		
<b>Consent/Release</b>	<p>* The registrant agrees that the Gravelbourg &amp; District Swim Club Inc, AquaPlex and/or Town of Gravelbourg will not be held responsible for any accident of loss however caused and agrees same from all claims or damages which may arise as a result of or by any reason of such accidents or loss.</p> <p>* The registrant and/or parents/guardians agree to grant permission for any medical services to be performed in the event that such is needed.</p> <p>* GSC registration includes: Registration Form, Code of Conduct and PIPEDA Form. All 3 must be complete and signed.</p> <p>* <b>THIS WILL BE YOUR OFFICIAL RECEIPT. A copy will be provided on the first day of swimming.</b></p>							<u>Payment Options:</u> <input type="radio"/> full payment <input type="radio"/> equalized monthly payments				<b>Registration Fee Totals:</b> <b>Clothing/Equipment:</b> <b>Other Accessories:</b> <b>Penny Parade Donation:</b> \$10.00 <b>Amount Owing:</b>			
	Parent and/or Guardian Signature:					Date:					Payment Method: (Cash or Cheque) Cheque: _____				