

Adult Registration Form

**Contact us at:**

Phone - 604-461-0550 Email – [info@hyack.com](mailto:info@hyack.com) Web – [www.hyack.com](http://www.hyack.com)

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M\_\_\_ F\_\_\_

D / M / Y

**Program Options:**

Please check one option/schedule and note the registration requirements and options.

□ **Canada Games Pool (CGP) TriFit** Date Starting: , 20\_\_\_\_

Schedule: Tues & Thurs from 5:30 to 7:00am

Costs: Training - $75 per month, payable to “HYACK” in 3 or 4 month lump sums according to the

Payment Schedule below (ie. Oct – Dec = $225 payable in Sept).

Registration & Insurance (MSABC) - $45 one time seasonal fee (include with your first payment)

□ **CCAC (Coquitlam) TriFit**: Date Starting: , 20\_\_\_\_

Schedule : Mon, Wed, Fri from 5:15 to 6:30am

Costs: Training - $75per month, payable to “HYACK” in 3 or 4 month lump sums according to the

Payment Schedule below (ie. Oct – Dec = $225 payable in Oct).

Registration & Insurance (MSABC) - $45 one time seasonal fee (include with your first payment)

□ **Bonsor / Central Park Masters**  Date Starting: , 20\_\_\_\_

Schedule: MWF 9:00-10:00pm at Bonsor until May

MWF 7:30-8:30pm at Bonosr/Central Park Pool, June to August (hours TBC)

Costs: Training - $80 per month, payable to “HYACK” in 3 or 4 month lump sums according to the

Payment Schedule below (ie. Sept – Dec = $320 payable in Sept).

Registration & Insurance (MSABC) - $45 one time seasonal fee (include with your first payment)

**Payment Procedures:**

**1 cheque to cover the full 3 or 4 month session.** If you wish to withdraw at any time, please contact your coach directly to arrange a refund. Please note that a 1 month notice will be required.

**Payment Schedule (not including MSABC one time fee:**

**CGP CCAC Bonsor / Central Park**

Session 1: Sept (mid) to Dec (mid)– $300 Oct to Dec – $225 Sept to Dec – $320

Session 2: Jan to April – $300 Jan to April – $300 Jan to April – $320

Session 3: May to July – $240 May to July – $225 May to Aug – $320

* *A reminder to include the following to complete your registration:*

1. This form with your schedule checked

2. Payment for full session (see above) , cheque payable to **Hyack Swim Club**

3. MSABC Insurance payment  **(this is once per season (Sept-Aug fee), include only on first payment with cheque to Hyack Swim Club**

4. MSABC form PLEASE FILL OUT THE APPLICATION FORM COMPLETELY AND CLEARLY, including DOB, Complete address and Phone number or we cannot register you

**MSABC WAIVER/RELEASE AGREEMENT**

I understand that there are risks and dangers inherent in participating and/or receiving instruction in **Masters Swimming**, hereinafter "Activity". I also understand that in order to be allowed to participate and/or receive instruction in Activity, I must give up my rights to hold The Masters Swimming Association of British Columbia liable for any injury or damage which I may suffer while participating and/or receiving instruction in Activity.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in Activity, I hereby voluntarily release The Masters Swimming Association of British Columbia from any and all liability resulting from or arising out of my participation and/or receipt of instruction in Activity.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in Activity, except for the acts or omissions of The Masters Swimming Association of British Columbia, its officers, agents or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in Activity.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold The Masters Swimming Association of British Columbia, its officers, agents or employees harmless from any and all liability or costs, including attorneys fees, associated with or arising from my participation and/or receipt of instruction in Activity.

I understand and agree that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document of my own behalf.

I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in Activity .

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Release (for 18 year olds):**I am the parent or legal guardian of the minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I am signing this Waiver/Release on behalf of said minor.

Print name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_