MINNOW INFORMATION:

LAST NAME: _____ GIVEN NAME: _____

PREFERRED NAME: _____ DATE OF BIRTH: _____
MM / DD / YYYY

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

ALBERTA HEALTH CARE #: _____ GENDER: M / F

SCHOOL: _____

PRIMARY CONTACT #1:

LAST NAME: _____ GIVEN NAME: _____

HOME PHONE #: _____ CELL PHONE #: _____

E-MAIL: _____

NOTE: TO BE USED FOR ALL WEBSITE COMMUNICATION

PRIMARY CONTACT #2:

LAST NAME: _____ GIVEN NAME: _____

SAME ADDRESS AS SWIMMER: Y / N PHONE #: _____

E-MAIL: _____

NOTE: PROVIDE ONLY IF CONTACT #2 WANTS TO RECEIVE ALL WEBSITE COMMUNICATION

EMERGENCY CONTACT (*if unable to reach Primary Contacts)*:

LAST NAME: _____ GIVEN NAME: _____

RELATIONSHIP: _____ PHONE #: _____

MEDICAL CONDITIONS / CONCERNS:

_____

_____

_____

_____

_____

_____

_____

_____

*** I give permission for my child to receive emergency medical treatment as deemed necessary**

Payment Requirement

Swimmer will not be allowed in the pool until full payment for the session is received. This will be strictly enforced as unpaid accounts compromise our Swim Alberta insurance. Minnow registration for 2019-2020 is $130 per session.

Parent/Guardian: _____ _____

Print *Signature*

Date: _____

Photo Permission

I give permission to the Strathmore Silver Sharks Swim Club to take photos of my athlete during team activities and events and they may be published on the Strathmore Silver Sharks Swim Club website.

Parent/Guardian: _____ _____

Print *Signature*

Date: _____