

Family Name _____

Vancouver Pacific Swim Club Medical and Consent Form

Emergency Contact (not parent) _____ Phone _____

Family Physician _____ Phone _____

	Swimmer's First Name	BC Health Care Number (do not return this form without a health care number for each child)	Relevant medical information (e.g., any known allergies, diabetes, epilepsy, asthma, special diet, medications)
1			
2			
3			
4			

I understand and agree that:

1. I will pay all fees as outlined on the registration form. If my swimmer changes to a different group, I will pay the adjusted amount beginning with the first full month that he/she swims with the new group.
2. Monthly payments are for my convenience only. All fees are based on a ten-month season.
3. The fees do not include travel costs and meet fees for the year. If I have consented to have my swimmer participate in those events, I agree to pay any monies owing for the same.
4. To withdraw from the club, I understand that both the treasurer and head coach must have 30 days written notice of my intent. I agree to pay all outstanding fees and costs prior to the date of withdrawal.
5. Should my child be swimming or traveling with VPSC in my absence, I hereby release the club and those coaches and parents supervising my child of any liability in the event of accident or mishap.

I hereby consent that my son/daughter _____ may participate in
(list name of each child)

Swimming/Natation Canada and be registered with VPSC for the 2008-2009 season.

(date)

(Parent/guardian's signature)

(date)

(Witness's signature)