

2011 / 2012 SEASON

Learn To Dive

REGISTRATION



POOL LOCATION: _____

SESSION DATE: _____

HOW DID YOU HEAR ABOUT US? THE WEB FAMILY LIFE

WORD OF MOUTH EMC SPORTSPLEX GUIDE OTHER _____

NAME: _____
(FIRST) (SURNAME)

PARENT/GUARDIAN: _____
(RELATIONSHIP)

(RELATIONSHIP)

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

DATE OF BIRTH: _____

HEALTH CARD NO: _____

ALLERGIES: _____

PREVIOUS INJURIES: _____

CURRENT SWIM LEVEL: _____

PREVIOUS SPORTS: _____

EMERGENCY CONTACT: NAME: _____ TEL: _____

METHOD OF PAYMENT: CASH CHEQUE

SIGNATURE: (PARENT/GUARDIAN)

CHILDREN'S FITNESS TAX CREDIT 2011/12

OTTAWA
NATIONAL
DIVING CLUB

ELIGIBLE ACTIVITY: DIVING

PAYER'S NAME: _____

CHILD'S NAME: _____

CHILD'S YEAR OF BIRTH: _____

TOTAL ELIGIBLE AMOUNT RECEIVED: _____