

# NORTH TORONTO AQUATIC CLUB

## Membership Application

<b>PLEASE PRINT CLEARLY</b>		<b>Please check one:</b>	
Swimmers' Surname:		(A) Returning Member(s) only	<input type="radio"/>
Address:		(B) Returning Member(s) With Sibling To Be Water-Tested	<input type="radio"/>
City:	Postal Code:	(C) New Member(s): Water Test Required	<input type="radio"/>

<b>Contact information:</b>		This information will be used in the event of emergencies or unexpected pool closures.	
Home Phone # :		Alternate phone # :	
Primary Email Address:			
Please provide an address you will check regularly for bulletins			

			First Choice			Alternate Choice			
Given Name	Age	Date of Birth	Day	Level/ Course	Time	Day	Level/ Course	Time	Fees

Are you able to volunteer for special NTAC events (eg. for a two-hour commitment once a year?) Yes..... No.....

Pertinent Medical Information: .....

**Waiver, Release and Indemnity Agreement:**

The undersigned, and on my own behalf and as parent(s) or legal guardian(s) of the children here noted above, hereby release from any and all liability and agree to indemnify and save harmless the North Toronto Aquatic Club, its directors, officers, employees, agents and volunteers, the Toronto District School Board, and their respective officers, employees and trustees from any and all claims, demands, losses, costs or damages whether arising from negligence or otherwise, arising from my and my children's participation in any activity of or relating to the Club including without limitation in the teaching, training and use of the facilities utilized by the Club. I hereby acknowledge that I have carefully read the above Waiver, Release and Indemnity and I understand that it is a full and final release of all claims which I or my children might have relating in any way to the activities of the Club and/or participation in such activities, and on my children's and on my own behalf I sign voluntarily. By providing personal information on this form, you are consenting to its use for purposes relating to swimming instruction at NTAC. By signing this form you are acknowledging that you are in agreement with our Privacy Policy, which resides at [www.ntac.ca/privacy.html](http://www.ntac.ca/privacy.html) that defines how we collect, store, use and disclose personal information.

	<ul style="list-style-type: none"> <li>• <u>Parent</u> or Legal Guardians must sign</li> <li>• Adult swimmers must sign for themselves</li> </ul>
DATE:.....	.....

**Remember to include:**

1. Cheque made payable to: North Toronto Aquatic Club, Box 54551, 1771 Avenue Road, Toronto, ON M5M 4N5
2. A copy of swimmer's proof of age (3 year olds only)
3. For Lifesaving and Instructor Courses: copy of proof of age if required and appropriate pre-requisite certificates.
4. Stamped self addressed envelope if you require confirmation \_\_\_\_ or a receipt \_\_\_\_ (check requested item(s)).

FAILURE TO SUBMIT ALL DOCUMENTATION WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.

**FOR OFFICE USE ONLY:**

Payment:
Water Test:
Proof of Age:
Confirmation:

The Children's Fitness Tax Credit Receipt will be distributed in December.

<u>Children's Fitness Tax Credit</u>
Eligible Amount:
Date Received:
Name of Payer: