

Haney Neptunes Registration

Year: _____

Season: Summer Fall Winter

Haney Neptunes
Aquatic Club
P.O. Box 34
Maple Ridge, BC
V2X 7E9



Family Information (Parent/Guardian)

Father/Guardian Last Name: _____ First Name: _____ email _____

Mother/Guardian Last Name: _____ First Name: _____ email _____

Mailing Address: _____ City: _____ Prov: _____ Postal: _____

Home Phone: _____ Alt Phone1: _____ Alt Phone2: _____

Emergency Contact: _____ Relationship: _____ Contact Phone: _____

Family Doctor Name: _____ Doctor Phone: _____

Athlete Information

		Program or Fee Name	Amount of Fee
Last Name: _____	First Name: _____		\$ _____
Birthdate: _____	CareCard#: _____		
<input type="checkbox"/> Speed Swimming <input type="checkbox"/> Water Polo <input type="checkbox"/> Synchronized Swimming			
<input type="checkbox"/> Masters Swimming <input type="checkbox"/> 6 & Under <input type="checkbox"/> Hammond Development			
Athlete Subtotal			\$ _____

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Athlete Subtotal			\$ _____

Payment and Fundraising Information

Fee Payment: Cash: \$ _____ Cheque: # _____ \$ _____ Fee Subtotal: _____

Fundraising: Cash: \$ _____ Cheque: # _____ \$ _____ HNAC Registration: _____

Post Dated Cheques (Summer Only) Less Discount: _____

(Cheque #, Amt and Date) 1. _____ 2. _____ 3. _____ **Total Payable: _____**

Media Waiver

I hereby authorize and give my full consent to the Haney Neptunes Aquatic Club to copyright and/or publish any and all photographs, videotapes and/or film in which I, members of my family or my athletes appear while involved with the Haney Neptunes Aquatic Club. I further agree that the Haney Neptunes may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

YES, you can use the pictures. NO, you may NOT use the pictures. Signature: _____

I, the undersigned, give my permission for the athletes listed above to participate in the activities of the Haney Neptunes Aquatic Club (HNAC). I do hereby waive, release, absolve, and agree to hold harmless the volunteers of the HNAC and their directors and staff. I grant permission for the athletes listed above to participate in Swim Team meets and practices and acknowledge that they are physically able to participate in these activities. I also hereby give consent for the HNAC representative to seek medical attention for my child through a physician of the representative's choice if an emergency contact cannot be reached.

Signature of Parent or Guardian: _____ Date: _____

Registrar or HNAC Representative: _____ Date: _____