

MEMBERSHIP APPLICATION 2009-2010

I hereby make application on behalf of the following child for participation in the Aquatic Program of the Champion Athletic Club of Metropolitan Toronto. One form to be completed for each swimmer.

Swimmer's:

First Name _____ Last Name _____

Street Address _____ Apt./Unit # _____

City _____ Postal Code _____

Date of Birth _____ Sex _____ OHIP # not necessary

Day/Month/Year F/M
Home Phone() _____ E-mail _____

Mother's Name _____ Father's Name _____

Occupation Mother _____ Occupation Father _____

Bus. Phone Mother() _____ Bus. Phone Father() _____

Please make all cheques payable to the Champion Athletic Club of Metropolitan Toronto (CHAMP)
See payment options on reverse.

Group ___r _____ Membership Fee _____

The coaches of the Champion Athletic Club are at all times concerned with the well-being of your child. If your child has any special needs (medical, allergy, physical, etc.) which you think the coaching staff should be aware of, please specify below. This information will be available only to the coaching staff involved with your child.

Liability and Release Waiver: In the event of, and in consideration of my application being accepted, I _____ do hereby for myself, my heirs, executors and administrators, waive and release the Champion Athletic Club of Metropolitan Toronto, their official representatives, or employees, and the swimming pool owner and their staff from any and all rights and claims for damages arising from and/or associated with any accident or injury which occurs or arises thereafter to the applicant(s) named hereon or to any spectator, guardian or parent of the applicant(s) sustained while participating in the Athletic Club at any location. Including GH2O fitness center.

Dated _____ Signature: _____