**MIC MAC A.A.C.**

**PADDLING FALL REGISTRATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **ATHLETE** |  | | **DATE OF BIRTH** |
| **MEDICAL CONCERNS / ALLERGIES** | | **HEALTH CARD #** | |

|  |  |
| --- | --- |
| **PARENT/GUARDIAN:** |  |
| **ADDRESS:** |  |

|  |
| --- |
| **E-MAIL:** |
| **PHONE:** |

|  |  |  |
| --- | --- | --- |
| **EMERGENCY CONTACT NAME:** | **RELATIONSHIP:** | **PHONE NUMBER:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **TIER 1** | **YR. ROUND (10 SESSIONS/WEEK)** |  | **$155.00 / MONTH** |
| **TIER 2** | **YR. ROUND (8 SESSIONS / WEEK)** |  | **$130.00 / MONTH** |
| **TIER 3** | **SEPT/OCT/NOV (3 SESSIONS/ WEEK)**  **(TUES & THURS 4-6 PM & SAT 9 – 11 AM)** |  | **$75.00 / MONTH** |

|  |  |  |
| --- | --- | --- |
| **SESSION** | **FEE PER MONTH** | **TOTAL** |
|  |  |  |

|  |  |
| --- | --- |
| **SIGNATURE OF PARENT/GUARDIAN** | **DATE** |

**PAYMENT INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **M/C** | * **VISA** | **NUMBER** | **EXP. DATE** | **CVS** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * **CASH** | * **CHEQUE** | * **DEBIT** | * **E-TRANS.** | **DATE PD.** | **RCPT. NO.** |

**MIC MAC AMATEUR AQUATIC CLUB**

**192 PRINCE ALBERT RD., DARTMOUTH, NS. B2Y 1M8**