**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 3** | **3 SESSIONS / WEEK (SEPT 8 – OCT 30) 9 -11 YR. OLD** |  | **$100 / MONTH** |
| **TIER 2** | **UP TO 5 SESSIONS / WEEK (SEPT. 8 – OCT 30) AGE 10 +** |  | **$200/ 2 MONTHS** |
| **TIER 1** | **JR. HIGH PERFORMANCE AGE 12-15 (SEPT 8 – NOV 27)** |  | **$400 / 12 WEEKS** |

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

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

**PAYMENT INFORMATION:**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | * **CHEQ**
 | * **DEBIT**
 | * **E-TRANSFER TO**

**PADDLING@ MICMACAAC.COM** | **DATE PD.** | **RCPT. NO.** |

**MIC MAC AMATEUR AQUATIC CLUB**

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