

Long Island Aquatic Club: 5495 South River Dr., Manotick, ON K4M 1J3

SWIM TEAM APPLICATION FORM

(Swim team applications will be accepted **by regular mail only** starting on **May 1, 2024**
Any swim team application submitted **in person before June 1** will not be processed.)

Swim Team runs from **Wednesday, July 3rd to Friday, August 16th**
Senior practices are from 11:35 am - 12:35 pm on weekdays and 8:00 am - 9:00 am Saturday
Junior Swim Team Practices 11:35 am - 12:30 pm

Junior Swim Team: Ages 5 & 6

- Need at least Lifesaving Society Preschool 4/5
- Practice 3x a week (Mon., Wed., Fri.)
- Max. enrolment: 6 swimmers
- **Price until June 10th: \$432.00**
- **Price after June 10th: \$470.00**

Senior Swim Team: Ages 7 & up

- Need at least Lifesaving Society Swimmer 2
- Practice 5x a week (Mon, Tues, Wed, Fri, Sat)
- Max. enrolment: 50 swimmers
- **Price until June 10th: \$547.00**
- **Price after June 10th: \$575.00**

Family Name: _____

Parents' / Guardians' first name(s): _____

Address (including postal code): _____

Telephone: Home: _____ Emergency: _____

Email: _____

Name(s)	M/F	D.O.B (D/M/Y)	Swim Level	Competitive?	Cost
Total:					

PLEASE SUBMIT WAIVER ON PAGE 9

Swim Team Terms and Conditions:

No refunds will be given unless there is a valid medical reason (proven by a physical doctor's note from a registered medical physician). All refunds are subject to an **administrative fee of 30%**

Swim team payments are **all non-refundable and non-transferable**.

Enrollment is limited to 56 participants. Enrollment is on a first come, first served basis.

Competitive swimmers, which includes (but is not limited to) 9 & over carded swimmers with Swimming Canada, competitive water polo players and competitive synchronized swimmers will be asked to participate as exhibition swimmers only (with no points awarded to the team).

All swim team parents are required to volunteer on the day of L.I.A.C.'s swim meet.

Please submit a separate cheque for swim team if you are also signing up for lessons or a membership.

No post dated cheques allowed

A receipt is available between July 1 – August 25 of the current year. A receipt required at any other time will be subject to a \$20 administrative fee.

Only waterproof, non-spray on sunscreen is permitted on site. All persons must wait a minimum of 20 minutes after applying sunscreen before entering the pool.

All persons must shower before entering the pool. Observers must remain on the grass at all times

Swim team members and observers must leave promptly after swim team is over.

I (we) confirm that the above information is correct, and I (we) agree to abide by the rules of LIAC posted at the pool. I (we) have read, understand, and will abide by the terms and conditions outlined above.

Signature: _____ Date: _____

OFFICE USE ONLY	Date Received:	Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit <input type="checkbox"/> Money order Name on cheque: _____
	Amount Received: \$	
	Received by:	

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Long Island Aquatic Club Swim Team 2024 Waiver and Release of Liability Form

Swimmer's Name(s): _____

I the undersigned, being the Parent or Guardian of the above-named swimmer(s), do hereby consent to the above-named swimmer(s) participating in all scheduled and unscheduled activities of the **Long Island Aquatic Club Swim Team**, which may include:

- try-outs,
- training sessions,
- time trials,
- competitions,
- training camps,
- travel to such events,
- accommodation when necessary,

and any other events and activities which serve as an integral part of being a member of the **Long Island Aquatic Club Swim Team**.

I understand that the various swimming exercises and drills used in swim practice are not recommended for individuals who have potential medical problems unless under direct medical supervision. The swimmer(s) and his or her Parents or Guardians further agree that the above-named swimmer(s) has(have) no medical problems that would reasonably prevent their participation, and is (are) in good health, and that the **Long Island Aquatic Club** will not be responsible for any medical or related claims as a result of any action resulting from participating with the **Long Island Aquatic Club Swim Team**.

I assume all risks and hazards incidental to swimming participation and hereby irrevocably waive all claims that the above-named swimmer(s) may have against the **Long Island Aquatic Club**.

I do hereby release, absolve, indemnify, and save harmless the **Long Island Aquatic Club**, their employees, volunteers, officers, directors, lifeguards, coaches, and supervisors from any claim which I or the above-named swimmer(s) may have as a result of his or her participation.

I hereby acknowledge my acceptance of this waiver and release, knowing it to be a legal document and of legal force and effect, and agree that this waiver and release is a condition of participation in the activities of the **Long Island Aquatic Club Swim Team**.

Parent or Guardian

Date