



VALOIS POOL – MEMBERSHIP REGISTRATION

1. Complete Section I – Membership Contact Information
2. Complete Section II - Select activities for each member.
3. Sign Section III
4. Calculate total fees. (See WWW.PISCINEVALOISPOOL.CA for details) Payment by cash or cheque payable to: **VCA POOL**
5. Provide recent photo for each member.

SECTION I – MEMBERSHIP CONTACT INFORMATION

FAMILY NAME: _____

Address: _____ Postal Code: _____

Telephone No.: _____ Emergency No.: _____

Email : _____

SECTION II – DETAILS FOR EACH MEMBER

| LAST NAME | FIRST NAME | BIRTH DATE | SEX | PHOTO |
|-----------|------------|------------|-----|-------|
|-----------|------------|------------|-----|-------|

1. _____ M / F

Medicare Card _____ Expiry _____ / _____.
 Medical Alert _____.

Swim Lessons: Level: _____ Time: _____.

| | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Swim Team | <input type="checkbox"/> Guppies | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Synchro Team | <input type="checkbox"/> Synchro Lessons. | <input type="checkbox"/> AquaFitness |
| <input type="checkbox"/> Diving Team | <input type="checkbox"/> Diving Lessons | |
| <input type="checkbox"/> Water polo Team | <input type="checkbox"/> Water polo lessons | <input type="checkbox"/> Lifesaving. |
| <input type="checkbox"/> Leaders | <input type="checkbox"/> Gate Guard | <input type="checkbox"/> Volunteer |

2. _____ M / F

Medicare Card _____ Expiry _____ / _____.
 Medical Alert _____.

Swim Lessons: Level: _____ Time: _____.

| | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Swim Team | <input type="checkbox"/> Guppies | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Synchro Team | <input type="checkbox"/> Synchro Lessons. | <input type="checkbox"/> AquaFitness |
| <input type="checkbox"/> Diving Team | <input type="checkbox"/> Diving Lessons | |
| <input type="checkbox"/> Water polo Team | <input type="checkbox"/> Water polo lessons | <input type="checkbox"/> Lifesaving. |
| <input type="checkbox"/> Leaders | <input type="checkbox"/> Gate Guard | <input type="checkbox"/> Volunteer |

3. _____ M / F

Medicare Card _____ Expiry _____ / _____.

Medical Alert _____.

Swim Lessons: Level: _____ Time: _____.

| | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Swim Team | <input type="checkbox"/> Guppies | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Synchro Team | <input type="checkbox"/> Synchro Lessons. | <input type="checkbox"/> AquaFitness |
| <input type="checkbox"/> Diving Team | <input type="checkbox"/> Diving Lessons | |
| <input type="checkbox"/> Water polo Team | <input type="checkbox"/> Water polo lessons | <input type="checkbox"/> Lifesaving. |
| <input type="checkbox"/> Leaders | <input type="checkbox"/> Gate Guard | <input type="checkbox"/> Volunteer |

4. _____ M / F

Medicare Card _____ Expiry _____ / _____.

Medical Alert _____.

Swim Lessons: Level: _____ Time: _____.

| | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Swim Team | <input type="checkbox"/> Guppies | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Synchro Team | <input type="checkbox"/> Synchro Lessons. | <input type="checkbox"/> AquaFitness |
| <input type="checkbox"/> Diving Team | <input type="checkbox"/> Diving Lessons | |
| <input type="checkbox"/> Water polo Team | <input type="checkbox"/> Water polo lessons | <input type="checkbox"/> Lifesaving. |
| <input type="checkbox"/> Leaders | <input type="checkbox"/> Gate Guard | <input type="checkbox"/> Volunteer |

5. _____ M / F

Medicare Card _____ Expiry _____ / _____.

Medical Alert _____.

Swim Lessons: Level: _____ Time: _____.

| | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Swim Team | <input type="checkbox"/> Guppies | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Synchro Team | <input type="checkbox"/> Synchro Lessons. | <input type="checkbox"/> AquaFitness |
| <input type="checkbox"/> Diving Team | <input type="checkbox"/> Diving Lessons | |
| <input type="checkbox"/> Water polo Team | <input type="checkbox"/> Water polo lessons | <input type="checkbox"/> Lifesaving. |
| <input type="checkbox"/> Leaders | <input type="checkbox"/> Gate Guard | <input type="checkbox"/> Volunteer |

SECTION III

Waiver

- *In the even that my minor child requires emergency medical care and neither I nor my designated caregiver am present, I hereby authorize the staff of Valois Pool and/or qualified medial personnel to administer the appropriate medical treatment. All reasonable efforts will be made to contact me.*
- *For your own protection, the lifeguards should be made aware of any medical condition. This information will remain confidential.*

Signature: _____ Date: _____

Amount of payment enclosed: _____ cheque number: _____