



Swimmer Information			
Last:	First:	Gender: F M	Birth Date:
Address:			Year _____
City:	Postal Code:		Month _____
Email:	Home Phone: ( ) -		Day _____
Any Medical Concerns the coaches should be aware of:			

Mother/Female Guardian (if swimmer is under 18)	Father/Male Guardian (if swimmer is under 18)
Last:	Surname:
First:	Given:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Emergency Contact #:	Emergency Contact #:

Recreation Squads (Please place initial by the squad of your choice)					
Initial	Squad name	Cost	Early Bird	Practice days	Season
	Killer Whales session 1	\$185.00	\$170.00	W,F	Oct 5, 2022 - Dec 21, 2022
	Killer Whales session 2	\$185.00	\$170.00	W,F	Oct 5, 2022 - Dec 21, 2022
	Beginner Rec session 1	\$200.00	\$185.00	W,F	Oct 5, 2022 - Dec 21, 2022
	Beginner Rec session 2	\$200.00	\$185.00	W,F	Jan 11, 2023 - Mar 22, 2023
	Advanced Rec	\$425.00	\$400.00	T,TH	Oct 4, 2022 - Mar 23, 2023
	Masters	\$450.00	\$425.00	T,TH	Oct 4, 2022 - Apr 13, 2023

Competitive Squads (Please place initial by the squad of your choice)					
Initial	Squad name	Cost	Early Bird	Practice days	Season
	Competitive 2 Day Group A	\$500.00	\$475.00	M,W	Sep 12, 2022 - Apr 12, 2023
	Competitive 2 Day Group B	\$500.00	\$475.00	T,TH	Sep 13th, 2022 - Apr 13, 2023
	Competitive 4 Day	\$650.00	\$600.00	M,T,W,TH	Sep 12, 2022 - Apr 13, 2023
	Focus Plus	\$800.00	\$750.00	M,T,W,TH,F	Sep 12, 2022 - Apr 14, 2023
All Competitive squads include a \$50.00 Lifesaving Activation Fee included in the cost					

Other (Please place initial by the squad of your choice)					
Initial	Squad name	Cost	Early Bird	Practice days	Season
	Junior Coaching	FREE		M,T,W,TH,F	Oct 5, 2022 - Mar 23, 2023
	Members at Large	\$400		T.B.D	T.B.D
	Focus Plus Nationals	T.B.D		T.B.D	T.B.D

All Orca members receive a 10% discount on registrations for Bronze Medallion/Cross courses being offered at the Manluk Centre during the Orca Season

More information on the reverse side



**Member Agreement (Parent/Guardian Agreement if under 18)**

The City of Wetaskiwin reserves the right to refuse and/or revoke applications. I agree to pay the membership and training fees as described for my child's/my swim program unless otherwise sponsored. I have read and agree to abide by the team policies & procedures, swimmer, and parent code of conduct. I give permission to the City of Wetaskiwin to enter required information to the Lifesaving Society being as the WOLC is a registered LSABNT club.

In consideration of acceptance of this application, or my child being permitted to take part in this event, I hereby agree as follows:

1. To save harmless and keep indemnified the City of Wetaskiwin, its organizers and their respective agents, officials, servants and representatives from and against all claims, actions, costs and expenses and demands in respect of death, injury, loss or damage to me or my child(ren)'s person, howsoever caused, rising out of or in connection with my or my child(ren) taking part in this event but not limited to taking part in this event, and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies or any of them, their agents, officials, servants or representatives.
2. That I acknowledge that there are inherent risks associated with this activity and that I or my child(ren) could sustain personal injury through participation in this event and I am hereby accepting to take that risk on behalf of myself or my child(ren).
3. I shall accept the responsibility of observing and supervising my child(ren)'s participation in this activity and should I have any objection to the manner in which my child(ren) or myself are being supervised or instructed, I accept the responsibility to remove myself or my child(ren) from the activity. I also acknowledge that in some instances the behavior and skills of some patrons may warrant guardians being present as well.

This agreement shall be binding upon my heirs, my executors, and myself.

**IN WITNESS WHEREOF** I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

The personal information being requested on this form is being collected under the authority of section 33(c), of the *Freedom of Information and Protection of Privacy Act* (FOIP). If you have questions about the collection, use or disclosure of this personal information provided, please contact the City of Wetaskiwin's Records Management / FOIP Coordinator at 780.361.4400

Wetaskiwin City Hall  
4705 – 50 Avenue, Box 6210,  
Wetaskiwin, AB, T9A 2E9.  
Wetaskiwin is located on Treaty 6 territory