



**BLAST OFF
SPRING 2010**

Name of Diver: _____

Age: _____ Birthdate: (day/month/year) _____

Address: _____

_____ Postal Code: _____

Home Phone: (519) _____ e-mail address: _____

Parent/Guardian Name: _____ Cell Phone # _____

Medical Information (allergies, injuries, limitations): _____

OHIP #: _____

I [parent or guardian of child under 18] _____ agree to the release of [name of child] _____'s name, age, photograph, and/or diving achievements, as long as this release has been sanctioned by a member of the K-W Diving Club Executive Committee or a member of the club's coaching staff. This includes release to Dive Ontario/Dive Canada for insurance purposes.

This includes publications within the K-W Diving Club and diving community at large, in addition to external mediums including but not limited to the K-W Diving Club's website.

I agree that our phone # and Email address can be used within the K-W Diving Club to facilitate the distribution of the club newsletter, meet information and for a club phone directory.

I acknowledge that any other personal information will not be released without my prior express consent.

Date: _____ Signature: _____

**Session is 10 weeks long – Cost is \$90. Session runs April 9 to June 11, 2010
Friday 5:30 pm to 6:00 pm**

FOR OFFICE USE ONLY:

Cash _____ Cheque # _____ Amount \$ _____

LEARN TO DIVE REFUND POLICY:

- 1) **All** Registration fees are non-refundable after the 2nd lesson.
- 2) Any pool class refund prior to the 2nd lesson is subject to a \$30 administration fee.

ALL CLASS DATES AND TIMES ARE SUBJECT TO AVAILABILITY. TIMES MAY VARY AND CLASSES MAY BE CANCELLED OR CONSOLIDATED, DUE TO LOW ENROLLMENT

PLEASE SEE OUR WEB SITE www.kwdivingclub.com UNDER "RESOURCES" FOR A COMPLETE REVIEW OF OUR POLICIES

All pool classes are held at the Waterloo Recreational Centre, Father David Bauer Drive, Waterloo

*****Mark your calendar*****

Spring session begins April 9 and ends June 11 (10 consecutive weeks)

Your diver is registered for:

Friday 5:30 pm to 6:00 pm

Tax Credit Official Receipt:

Organization's Name and Address: Kitchener Waterloo Diving Club, 5 Manitou Dr. Unit 102A, Kitchener ON, N2C 2J6

Name of the Eligible Program/Activity: Blast Off Learn to Dive Spring 2010 session

Amount Received: \$ _____ Date Received: _____

Amount Eligible for the Fitness Tax Credit: \$ _____

Full Name of the Payee: _____

Full Name of the Child Registered: _____

Date of Birth of the Child Registered: _____

Authorized Signature: _____

Please retain this receipt for tax purposes. Any requests for a duplicate will incur a processing fee.