



Codiac Vikings Registration and Tryout Waiver

Date _____
Child's Name _____ Date of Birth _____ m/d/year

(please print)

Parent's Name _____

(please print)

Address _____ City _____ Prov _____ Postal Code _____

Telephone number(____) _____ e-mail _____

I agree to conform and comply with all rules set forth by Swim New Brunswick/Swim Canada(SNB/SNC) and The Codiac Vikings Aquatic Club (CVAC). I further agree to hold blameless SNB/SNC and CVAC, it's officers and officials, and The Pat Crossman Aquatic Centre/Town of Riverview, the owner of the premises, or any officers thereof, for any loss or injury to me or to my property, to assume all responsibility for doctor, ambulance, hospital, and medical expenses as well as any loss or injury to me and/or to personal property in which I may become involved by reason of participation in The Codiac Vikings Aquatic Club swimming tryouts.

Signature _____

Date _____

(if under 18 must be signed by parent/guardian)

Rules

Parent/Guardian must sign waiver before entering pool

No running on pool deck

Swimmers must have proper swimming gear(cap,goggles and one piece suit)

Non swimmers remain in viewing area

