



# ZODIAC SWIM SCHOOL LEADERSHIP REGISTRATION FORM

Head Office - 160 Steepprock Drive, Toronto, ON M3J 2T4

(Phone) 416 789-1989 (Fax) 416 789-5525 (E-mail) info@zodiacswim.on.ca (Website) www.zodiacswim.on.ca

Family ID# \_\_\_\_\_

For Office Use Only:		Initial
Registration Form Rec'd:	_____	_____
Date Entered:	_____	_____

**MUST COMPLETE**

Enrollment will not be completed without signature of the LEADERSHIP AUTHORIZATION, RELEASE & ACKNOWLEDGEMENT on the reverse side of this form which contains important policies and information

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Family Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

(If Participant is under 18 years of age)

Secondary Contact in case of emergency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about Zodiac?  Ad Where? \_\_\_\_\_  Word of mouth who? \_\_\_\_\_

Are there any special needs and/or medical condition we should be aware of?  Yes  No Briefly Describe: \_\_\_\_\_

If yes, you may be required to fill out an additional information form prior to the first class.

Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Location	Course	Dates	Fee
Birth Date: _____ <small>(dd/mm/yy)</small>				
Proof of age required at first class				
Prerequisites met? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Copies of pre reqs due at the time of registration is candidate's responsibility</b>				
Lifesaving Society ID # _____ <small>(Can be found on blue certification card)</small>				
Red Cross ID # _____ <small>(Can be found on red/white certification card)</small>				
			<b>Total Course Fees</b>	

The following items are needed for full participation in Zodiac's Leadership Courses

- Note paper, writing implement, bathing cap, swimming attire (not required for first aid programs)

For the courses listed below, additional materials are required as outlined. If your course is not listed, then no additional materials are needed.

Bronze Cross: Candian Lifesaving Manual, CPR mask, gloves
NLS: Candian Lifesaving Manual, CPR mask, gloves
First Aid Courses: CPR mask, gloves

Course Materials (see chart at left)	Cost	QTY	Total
Canadian Lifesaving Manual	\$42.00		
CPR mask	\$22.00		
Gloves <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	\$3.00		
Bathing Cap	\$8.00		
<b>Total Course Materials</b>			

**PAYMENT OPTIONS**  VISA  MASTERCARD  CASH  CHEQUE (payable to Zodiac Swim School)

VISA/MC NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ V-CODE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ SIGNATURE OF CARDHOLDER: \_\_\_\_\_

Total Amount Due (Fee Total + Materials Total)

\$ \_\_\_\_\_

**PLEASE TURN OVER** →

# ZODIAC LEADERSHIP AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

## The undersigned:

### Medical Treatment / Emergency

(a) authorize(s) Zodiac Swim School Limited or a company/individual associated with Zodiac ("Zodiac), in the event of an emergency, to use its reasonable discretion, on behalf of the undersigned, the undersigned's child(ren) or associated spectator(s) participating in or attending at one or more of Zodiac's current or future programs, in rendering first aid treatment and/or arranging emergency medical care (including hospitalization), at the expense of the undersigned;

### Release

(b) release(s) Zodiac, its affiliates, associates, directors, officers, agents and employees from all claims and liabilities whatsoever arising from participation in or attendance at one or more of Zodiac's current or future programs by the undersigned, the undersigned's child or any associated spectator(s);

### Zodiac Policies

(c) acknowledge(s) that he/she has read, understands and accepts all of Zodiac's policies and information as outlined on Zodiac's website [www.zodiacswim.on.ca](http://www.zodiacswim.on.ca), including the following;

- (1) the mandatory rule that all swimmers must wear a bathing cap while swimming;
- (2) Zodiac's policy regarding restrictions on the use of cell phones, cameras and video cameras on the pool deck and in the changerooms;
- (3) the rule/health regulation that no food, drink or street shoes are allowed on the pool deck; and
- (4) the policy that no phone registration will be accepted. All registration must be done on-line, by e-mail or fax or in person. A complete form, together with necessary payment, are necessary for registration;

### SPECIAL NEEDS/MEDICAL FORM

(d) acknowledge(s) that if my child has a special need and/or medical condition, a Special Needs/Medical Form will be completed and submitted before the course starts to ensure that Zodiac and its staff are best equipped to meet the needs of the student;

### 100% Attendance Required

(e) understands that there are no make-up classes with respect to any Leadership Course because 100% attendance is a course requirement;

### Program Cancellation/Refunds

(f) acknowledge(s) that while Zodiac tries to balance providing sufficient notice of cancellation and not cancelling a program prematurely, Zodiac reserves the right to cancel any program in which case a full refund will be issued for any payment previously made;

(g) acknowledge(s) that any cancellation or course transfer by the undersigned must be received by Zodiac **in writing at least 10 days prior to the start date** of the Leadership Course and a refund for the paid registration, less a \$25.00 administration fee will be issued;

(h) acknowledge(s) that any cancellation or course transfer by the undersigned **within 10 days of the start date** of the Leadership Course will be subject to an administration fee equal to 40% of the total course fee;

(i) acknowledge(s) that no refunds will be given or course transfers allowed within 24 hours of the start of or once the Leadership Course has started;

### NSF Cheques/Declined Visa/Mastercard

(j) acknowledge(s) that a cheque returned due to non-sufficient funds must be replaced immediately with cash or certified cheque or credit card payment covering the full amount owing, together with an additional administrative charge of \$35.00;

(k) acknowledge(s) that a Visa/Mastercard payment declined for any reason, including insufficient funds, expiration or lost/stolen card must immediately be dealt with by providing Zodiac with the full amount owing, together with an additional administrative charge of \$5.00;

### Publicity

(l) consent(s) to the use by Zodiac of the undersigned's child(ren) likeness for publicity purposes;

### Termination of Participant

(m) acknowledge(s) that the Directors of Zodiac Swim School reserve the right to terminate the registration of any participant if, in their sole discretion, the Directors determine such termination to be in the best interest of the participant or program; and

### Information

(n) the information contained on this registration form is true and correct.

If this form is signed by a parent/guardian, such parent/guardian assume full responsibility for payment and acknowledge that they have read and understood all Zodiac policies and Zodiac can rely on all representations made and information given.

\_\_\_\_\_  
Name of Participant(s)

\_\_\_\_\_  
Signature of Participant or Parent/Guardian (if participant is under 18 years of age)

\_\_\_\_\_  
Name of Parent/Guardian (if participant is under 18 years of age)

\_\_\_\_\_  
Date