Halifax Aqua Nova Synchro Club
2016-2017
Registration Form

Registration Due: September 30th 2016

Swimmer's Name	
Address (Please include postal code)	
Date of birth	
Health Card Number	
Health Concerns	
Synchro Experience	
Highest Swimming Level Attained	
Name(s) of Parent(s)/Guardian(s)	
Phone	**H:** **W:** **Cell:**
E-mail	
Preferred Program (Circle one)	**Youth Rec 1** **Youth Rec 2** **Youth Pre-competitive Rec** **Masters Rec 1** **Masters Rec 2** **Competitive**
For Competitive Swimmers Only:	**Would you be interested in swimming an extra routine? (Please circle)** **Solo** **Duet**

Registration fee of $100.00 is due with this registration for competitive swimmers.

Registration fee of $35.00 is due with this registration for recreational swimmers.

Parent/Guardian Signature: _____

Date: _____