

To be kept by registrant

# KINCARDINE KIPPERS 2025 Winter REGISTRATION

Tues, January 14<sup>th</sup> to Thurs, March 20<sup>th</sup>  
Every Tuesday & Thursday 6:00 - 7:00pm  
Total of 10 weeks

Our Fun Swim Meet will be held:

TBA

### Qualification for Swimmers

- 1) Must be under the age of 19 as of Aug 31 for the swimming year.
- 2) S.W.O.R.S.A. will allow S.N.C., A.N.C. or other carded swimmers to compete in S.W.O.R.S.A. **only after their current affiliation registration has expired**
- 3) Able to swim 1 length (25 meters) of the pool without touching the sides

### For more information please contact:

Dave Kohut (519) 386-2222

### Head Coaches:

Joe Casciano and Ken Corbett

To be kept by Treasurer/Registrar of the KINCARDINE  
KIPPERS

## KINCARDINE KIPPERS: 2025 Winter REGISTRATION

Names of Parents or Guardians \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency contact during practices \_\_\_\_\_

Swimmer #1: Name \_\_\_\_\_ Male/Female  
Date of Birth (DD/MM/YYYY) \_\_\_\_\_ OHIP# \_\_\_\_\_

Swimmer #2: Name \_\_\_\_\_ Male/Female  
Date of Birth (DD/MM/YYYY) \_\_\_\_\_ OHIP# \_\_\_\_\_

Swimmer #3: Name \_\_\_\_\_ Male/Female  
Date of Birth (DD/MM/YYYY) \_\_\_\_\_ OHIP# \_\_\_\_\_

**Fee Schedule:** Winter: \$220 (1 child); \$400 (2 children); \$560 (3 children) **TRIAL**   
 $\frac{1}{2}$  time: \$160 (1 child) \$300 (2 children) \$430 (3 children)

**Total fees enclosed:** \$ \_\_\_\_\_ **Cheque, Cash or eTransfer:** kincardinekippers01@gmail.com

### Waiver and Acknowledgement: To be signed before swimmer(s) enter the pool.

Even after reasonable precautions are taken, accidents and illnesses may occur to the participants of the Kincardine Kippers Swim Team, for which the Kincardine Kippers Swim Team and its officers, directors, coaches and instructors cannot assume responsibility. By signing this waiver, I hereby release and forever discharge the Kincardine Kippers Swim Team, its officers, executive, coaches, instructors and their successors, heirs from any and all claims arising as a result of my child=s/children=s participation in the Kincardine Kippers Swim Team programme, including but not limited to, those for medical, hospital or dental services, save to the extent that such accidents or illnesses may be covered by any insurance which the Kincardine Kippers Swim Team has in place from time to time and save to the amount recoverable thereunder. I further agree to indemnify and save harmless from all damages, claims, and costs in connection in such injury or loss or damage resulting from the participation of my child in the Kincardine Kippers swim team programme.

Also I hereby consent to the use of my child=s/children=s name(s) and photographs in newsletters, news reports, training aids and web site which promote the Kincardine Kippers Swim Team.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_