COCHRANE GREAT WHITES

SWIMMER REGISTRATION • 2026 / 2027

Please complete BOTH Parts and return the completed forms.

EMAIL COMPLETED FORM	EMT PAYMENT
president@cochranegreatwhites.ca	cgwt@hotmail.com

Questions? CALL / TEXT 705-272-9692

SWIMMER INFORMATION

Swimmer Name	_____
Age	_____ Date of Birth: _____
Swimmer signature / initials (optional)	_____

Swim Ontario Fee is based on the swimmer's age as of December 31, 2026.

PARENT / GUARDIAN 1

Name	_____
Phone	Home: _____ Work: _____ Cell: _____
E-mail	_____
Mailing Address	_____ _____

PARENT / GUARDIAN 2

Name	_____
Phone	Home: _____ Work: _____ Cell: _____
E-mail	_____
Mailing Address	_____ _____

HEALTH & EMERGENCY INFORMATION

Family Doctor	_____
Doctor Telephone	_____
Physical Limitations / Allergies	_____ _____

EMERGENCY CONTACT

Name	_____
Phone	_____

COCHRANE GREAT WHITES

REGISTRATION & FEES

Choose your program below and complete the payment summary.

COCHRANE GREAT WHITES FEES — SELECT ONE PROGRAM

PROGRAM	CGW FEE	SELECT
Level IV	$685.44	☐
Level III	$611.94	☐
Level II	$572.04	☐
Level I	$458.64	☐
Little Olympians	$315.00	☐
Other / approved program	$_____	☐

SWIM ONTARIO FEES — FROM ORIGINAL REGISTRATION FORM

Competitive Swimmers, any age	$179.96
Non Competitive Swimmers	$63.83
Swim Ontario Fee Selected	$_____
Notes	_____

PAYMENT SUMMARY

Selected CGW Program	$_____
Swim Ontario Fee	$_____
TOTAL OWING TO CGW	**$**_____
Payment Plan Requested?	☐ Yes ☐ No
Payment / Notes	_____

PAYMENT DEADLINE: Single payment EMT to CGW is due by October 31st.

EMT PAYMENT TO: cgwt@hotmail.com

PAYMENT PLAN: To request a payment plan, email our club.

ACKNOWLEDGEMENT & RELEASE

I authorize the coaches, and/or chaperones to take any action they deem necessary in an emergency. I, the undersigned, do hereby release and agree to indemnify and save harmless the Cochrane Great Whites Swim Club, and their officers, volunteers, employees or agents, and every Board thereof, from all claims for loss, injury or damage, to persons and property while participating in, or traveling to and from Swim Team activities, which I, or any person claiming through me or my behalf, may at any time have arising out of or connected with the operation of this activity.

Parent / Guardian Signature	_____
Printed Name	_____
Date	_____
Best way to contact you	☐ Phone ☐ E-mail ☐ Text

Signing this form acknowledges your willingness to assist CGW through volunteer activities, that your swimmer will abide by the Code of Conduct for swimmers, and that you have received your Cochrane Great Whites Information Handbook.

COCHRANE GREAT WHITES

SWIMMER PUBLICITY RELEASE • 2026 / 2027

CONSENT FORM

SWIMMER INFORMATION

Name of Swimmer	_____
Date of Birth	_____

I, _____, give permission to the Cochrane Great Whites Swim Club to use the name and image of the above named swimmer(s) for the purpose of generating positive publicity in the local or regional newspapers, club website, club Facebook/Meta page, newsletter, or other club information packages released to the public.

PARENT / GUARDIAN CONSENT

Parent / Guardian Name	_____
Signature	_____
Date	_____

ADDITIONAL NOTES / QUESTIONS

_____
_____
_____

THANK YOU FOR SUPPORTING THE COCHRANE GREAT WHITES!

Questions: 705-272-9692 • president@cochranegreatwhites.ca