



# Aquatic Volunteer Registration Form

**OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Processed By: \_\_\_\_\_  
(dd/mm/yy) (dd/mm/yy)

Personal information on this form is collected under the authority of the *Municipal Act 2001*, S.O. 2001, C.25, and will be used for the purpose of program registration and administration. Inquiries regarding this collection should be directed to the Office of the Clerk at 905-771-8800.

This form must be completed once you have earned the appropriate number of hours to receive one of the following Leadership courses. Hours must be logged on your personal volunteer profile under the 'Aquatic Volunteer Recognition Program' category. You must attach a hard copy of your Hour Tracking sheet with this completed registration form.

Please check **ONE**

**30 VOLUNTEER HOURS**

- Emergency First Aid
- Standard First Aid Recertification
- Bronze Cross Re-Exam

**40 VOLUNTEER HOURS**

- Bronze Cross
- Standard First Aid
- Assistance Instructor

**50 VOLUNTEER HOURS**

- Swim & Lifesaving Instructor
- National Lifeguard

**A. PARTICIPANT INFORMATION (PLEASE PRINT)**

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY   MONTH   YEAR	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
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FAMILY ADDRESS:	APT/UNIT#:
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CITY/TOWN:	POSTAL CODE:	HOME PHONE NO.:
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CELL PHONE:	EMAIL ADDRESS:	<input type="checkbox"/> Receive Recreation and Culture Email Newsletter
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**PARENT/GUARDIAN INFORMATION**

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY   MONTH   YEAR	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
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CELL PHONE:	EMAIL ADDRESS:	<input type="checkbox"/> Receive Recreation and Culture Email Newsletter
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**B. CLIENT ALERT INFORMATION**

Does the participant listed on this form have a disability, medical condition or allergy you would like us to know about? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	Does any family member have any medical conditions we need to know about? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	Does any family member have any disabilities or special needs? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	If yes to any of these questions, please indicate the participant's name and provide additional information. _____
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	COURSE CODE	LOCATION	START DATE	TIME	FEE
<b>FIRST CHOICE</b>					
<b>SECOND CHOICE</b>					

Submit this form along with your Hour Tracking sheet to recreation@richmondhill.ca with subject line 'Aquatic Volunteer Recognition Program'. Forms can also be dropped off at Bayview Hill Community Centre & Pool to the attention of Richard Fournier.

You will receive an email confirmation once volunteer hours have been validated and you have been registered for the course of your choice.

**\*Material Fees, Exam Fees & Non-Resident Fees are not included in the Aquatic Volunteer Recognition Program. Participants will be required to pay for these fees at the time of registration. Please ensure payment information is included on the registration form.**

**\*Community Service Volunteer hours that are signed off for school are not eligible, and should not be logged under the 'Aquatic Volunteer Recognition Program' category.**

**THIS WAIVER AND CONSENT MUST BE SIGNED IN ORDER FOR THIS APPLICATION TO BE PROCESSED. PLEASE READ CAREFULLY!**

I, being either the participant(s) named on this Registration Form or the parent or guardian of the participant(s), acknowledge and understand that: (a) each person, me/my child(ren) included, has a different capacity for participating in programs and their related activities such as the program that is the subject of this Registration Form sponsored by Corporation of the City of Richmond Hill (the "City") through its Community Services Department (the "Program"); (b) there may be inherent risks associated with participating in the Program, including all manners of injury, the failure of equipment and the carelessness of other participants and misjudgements on the part of City staff or contractors; and (c) the City occasionally photographs its programs and their participants for use in promotional materials.

I agree to participate/permit my child(ren) to participate in the Program and willingly assume full responsibility, and any risks of injury, for myself/my child(ren) in connection with my/my child's(ren)'s participation in the Program at any location where the Program may be held, including facilities owned or operated by the Corporation of the City of Richmond Hill ("City") such as pools, parks and community centres, or other sites owned and operated by third parties (i.e. for field trips). I further consent to the use by the City of photographs of me/my child(ren) for promotional purposes and authorize the City to use and publish such photographs in print and/or electronically.

In consideration of the City's acceptance of this application, I, on behalf of myself/my child(ren) and my other heirs, next of kin, executors, administrators and assigns, agree to waive all claims that I/my child(ren) may have or may have in the future against the City, its elected officials, directors, officers, employees, contractors, volunteers and agents (collectively the "Releasees") and release and forever discharge the Releasees from all liability for any personal injury, death, property damage, or other loss and liabilities of whatsoever nature or kind arising out of or in any way connected with my/my child's(ren)'s participation in the Program or the City's use of photographs of me/my child's(ren)s.

I confirm that I have had sufficient time to read and understand each item of this Waiver and Consent in its entirety, and agree to be bound by its terms freely and voluntarily this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_  
(Participant (if 18 or over) or Participant's Parent/Guardian)

**E. PAYMENT INFORMATION - DROP-OFF ONLY (Non-residents must add \$10 per program to each registration payment)**

Cheques must be made payable to the City of Richmond Hill. Cheques will be cashed as registrations are inputted. We do not accept post-dated cheques. Unused cheques will not be returned.

I authorize the City of Richmond Hill to charge me:  VISA  MASTERCARD  AMERICAN EXPRESS

CREDIT CARD NUMBER:	EXPIRY DATE:
CARDHOLDER NAME:	CARDHOLDER SIGNATURE: