



# Diaper-Fit & Toddler-Fit Registration Form

1. Complete and sign this form (***please print clearly***).
2. Scan or photograph and email to H2O~FIT.

Email: h2ofit@rogers.com  
 Tel: (647) 449-0043  
 Address: 206 Snowshoe Crescent, Markham, Ontario L3T 4M9

### Office Use Only

Session: JF MA MJ  
 JA SO ND

Date rec'd: \_\_\_\_\_

- Conf. Rec'd  
 DB  
 Elavon

Participating Parent: \_\_\_\_\_

Circle session and pool location:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's first name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 mm / dd / yy

Provide details of any health conditions:

\_\_\_\_\_

Enter class day/time:

How did you hear about our program?: \_\_\_\_\_

#1 choice: \_\_\_\_\_ #2 choice: \_\_\_\_\_ #3 choice: \_\_\_\_\_

## Credit Card Payment Authorization

Credit Card Type (*circle one*)



Mastercard



Visa

Credit Card Number (*please print clearly*)

-     -     -

Expiry Date \_\_\_\_\_

Cardholder name (*as it appears on the card*): \_\_\_\_\_

Billing Address for credit card: \_\_\_\_\_

I hereby authorize H2O~FIT to charge my credit card per the fee schedule listed on the h2ofit.com website. Fees will be charged to credit card on or after the 15th day of the month preceding the session.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Important Notice to Parents

Participants shall only enter pool facilities during the times of their registered Diaper-fit or Toddler-fit classes (or scheduled make-up classes). Access to facilities is not permitted at any other time.

Parents shall ensure that their child wears a properly fitted swimsuit diaper. (**Suit must be fitted tightly around thighs and abdomen.**)

## Waiver of Liability

I agree to forever release, discharge, full indemnify and save harmless, H2O-FIT, its directors, employees, volunteers, business operators, agents and site property owners or occupiers (the "Organization"), and their assigns from any and all claims, demands and expenses whatsoever on account of damage to or loss of property, physical or mental injury or death.

I acknowledge my obligation to immediately inform the nearest employee of the Organization if I feel any pain, discomfort, fatigue, nausea or other symptoms that I may suffer during and immediately after my participation in athletic activities with the Organization. I understand that I may stop participation at any time, and I may be requested to stop by an employee of the Organization who observes any symptoms of distress or abnormal response.

I hereby affirm that I have carefully read, fully understand and agree to the above. I understand that this waiver is binding on myself and my Legal Representatives.

Participating Parent \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_