



**PROGRAM REGISTRATION
2011 - 2012 SEASON**

Male Female

Athlete's Name	(Surname, First Name, Middle)	
Address	(Street, City, Province, Postal Code)	
Birth Date	(Day / Month / Year)	
Phone Numbers	Primary	Secondary
Athletes Email Address		
Parent/Guardian Information (If Athlete is under 18)	Mother	Father
	Name	Name
	Primary Number	Primary Number
	Cell Number	Cell Number
	Email Address	Email Address

Please indicate () program(s) registering for:

COMPETITIVE PROGRAMS (September to May)						
Level	[Start Date]	Age Requirement (as of Dec 31st)	Program Fee	Registration Night Payment	Post Dated Cheques	
<input type="checkbox"/>	U12	[Sept 09]	Born 1999 or Later	\$850 **	\$150	5 x \$140
<input type="checkbox"/>	U14	[Sept 09]	Born 1997 or 1998	\$850 **	\$150	5 x \$140
<input type="checkbox"/>	U16	[Sept 06]	Born 1995 or 1996	\$1,320	\$220	5 x \$220
<input type="checkbox"/>	U18	[Sept 06]	Born 1993 or 1994	\$1,320	\$220	5 x \$220
<input type="checkbox"/>	U22	[Sept 06]	Born 1989 to 1992	\$1,320	\$220	5 x \$220

** Includes fees for provincial league and provincial finals

Signature _____ Name (Please PRINT) _____ Date: _____

I have read and hereby agree to follow the RPWA Bylaws

_____ Evening Telephone Number

ADULT RECREATIONAL PROGRAMS [Sep-Mar]						
Program	[Start Date]	Age Requirement (as of Dec 31st)	Program Fee	Registration Night Payment	Post Dated Cheques	
<input type="checkbox"/>	Master	[Sept 07]	18 years of age and up	\$440	\$150	2 x \$145
<input type="checkbox"/>	Master +	[Sept 06]	18 years of age and up	\$770	\$150	5 x \$124
<input type="checkbox"/>	Beginner Adult	[Sept 24]	16 years of age and up	\$160/Season or \$100 1/2 Season	\$160 or \$100	N/A

Office Use Only: Please make cheque(s) payable to RWPA

Consent to use personal information	<input type="checkbox"/>	Medical Information Form	<input type="checkbox"/>				
Consent for use of photographs	<input type="checkbox"/>						
Cash	Program Amt	Registration	October	November	December	January	February
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Initial: _____	Cheque # _____	_____	_____	_____	_____	_____	_____



MEMBER REGISTRATION



* Mandatory Fields		** If Applicable	
Username **		(For WPC Database Access, Default <firstname.lastname>)	
Province of Registration	Club *	Secondary Club **	
Tertiary Club **		First Year of Registration **	
Membership Type * <input type="checkbox"/> Volunteer <input type="checkbox"/> Introduction Member <input type="checkbox"/> Provincial <input type="checkbox"/> Competative		Role: * Please Select at least 1 <input type="checkbox"/> Alumni <input type="checkbox"/> Athlete <input type="checkbox"/> Coach <input type="checkbox"/> Officials <input type="checkbox"/> Volunteer	
Alumni Detail **			
Former National Team Athlete: * <input type="checkbox"/> YES <input type="checkbox"/> NO		Years On National Team:	
Coach Details **			
NCCP Number :		Coaches of Canada Number:	
Official Details **			
Province *		Level * (Please Select Only 1) <input type="checkbox"/> Community Sport <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National C <input type="checkbox"/> National B <input type="checkbox"/> National A <input type="checkbox"/> UANA <input type="checkbox"/> FINA <input type="checkbox"/> FINA - Retired	
Course Conductor: Please Select at least 1 <input type="checkbox"/> Minor Official <input type="checkbox"/> Community Sport <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National		Evaluator Level: Please Select at least 1 <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National	
Volunteer Details **			
Valid Background Check on File *		To be Completed by the PSO	
Activities: ** Please select all activities participated during previous season			
<input type="checkbox"/> Provincials	<input type="checkbox"/> 16U Boys' NCC	<input type="checkbox"/> 16U Girls' NCC	<input type="checkbox"/> 18U Men's NCC
<input type="checkbox"/> 18U Women's NCC	<input type="checkbox"/> 22 U Men's NCC	<input type="checkbox"/> 22U Women's NCC	<input type="checkbox"/> Senior Men's NCC
<input type="checkbox"/> Senior Women's NCC	<input type="checkbox"/> CSL	<input type="checkbox"/> MLWP Men	<input type="checkbox"/> MLWP Women
Provincial Team Joint Training/Competitions (Specify) :			

