



Adult (Tri-Fit) Registration Form 2026-2027

Contact: bryani.hyack@gmail.com www.hyack.com

Please complete all the fields below. We cannot accept your registration without all the noted information.

Last Name: _____ First Names: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Primary Phone: _____

Date of birth (MM/DD/YY): _____ Gender: _____

Emergency Contact – Name: _____ Phone #: _____

I am aware that my personal information will be entered in the Swim BC / Swimming Canada database upon registration with Hyack Swim Club. **Signature:** _____

Program Options - Please check one of the following program options. You choose either the midday workouts or the evening sessions, not a mix.

Payment Schedule:

Fees are payable in full for each session. At the beginning of each season (September or when you first register) you must also pay the one-time annual MSABC Insurance & Registration fee of \$77.25.

Please check one of the following program:

☐ **Hyack Tri-Fit: City Centre Aquatic Complex (October 5 – May 31, 2027):**

Monday, Wednesday & Friday, 5:15 – 6:30 AM

Cost: Hyack Registration: **\$60.00** (including Hyack swim cap and T-shirt),

T-shirt size- Please circle: AXL AL AM AS

Group fee: **\$105.00** per month,

SWIMBC Registration & Insurance payment: **\$77.25**

Payment Schedule:

Fees are payable in full for each session. At the beginning of each season (September or when you first register) you must also pay the one-time annual SWIMBC Insurance & Registration fee of \$77.25.

TRI-Fit

Session 1: October - December
Session 2: January – May
Session 3: June - OYO

Please include the following to complete your registration:

1. This completed registration form with your Program Option selected.
2. Cheque payable to **Hyack Swim Club** including:
 - a. Payment for full session (see Payment Schedule above); plus.
 - b. SWIMBC Registration & Insurance payment (\$77.25)

If you wish to withdraw after you have been registered, please contact your coach directly to arrange a refund. Please note that we require one month's notice, and we are unable to refund the SWIMBC fee.

Dated: _____, 20____

Print Name: _____

Sign Name: _____