



Registration Form

Next Gen/HP Camp

**SWIM
NATATION
NB**

Date: May 22-24, 2026

Location: Halifax, NS

Camp Cost: due upon registration - \$375

Registration Deadline: **April 20, 2026**

Please complete this form and return it along with an EMT to info@swimnb.ca by the registration deadline. Include your swimmers name on the EMT.

Swimmers Name			
Club Name			
Parent/Guardian Name			
Parent/Guardian email			
Parent/Guardian phone			
In case of an emergency, should the parent/guardian be unavailable, please provide an Emergency Contact:			
Emergency Contact Name			
Emergency Contact phone			
Please indicate if your swimmer has any medical information our coaches or chaperones should be aware of (include any food allergies and medications required)			
Tshirt Size:		Hoodie Size:	
		Shorts Size:	

Refund Policy: Full refund will be given for withdrawal submitted before the registration deadline less an administrative fee of \$10.00. Refunds after the registration deadline may be granted only when supported with proper medical documentation demonstrating illness or injury that prevents the swimmer from participating in camp. No refunds are provided for a swimmer that departs camp early. All requests for refunds must be submitted in writing via email at info@swimnb.ca and must be received no later than seven (7) days after the completion of the camp/trip. Any requests submitted more than 7 days after the camp will not be accepted and the club will forfeit the camp/trip fees.

I, the parent or legal guardian of the above-named swimmer, understand that participation in this camp involves activities that may carry inherent risks, including but not limited to physical activity, outdoor play, and group events. I acknowledge that these risks cannot be completely eliminated.

I voluntarily give permission for my child to participate in the camp and agree to assume all responsibility for any injury, illness, or loss that may occur as a result of participation, except in cases of gross negligence.

I authorize the camp chaperones, coaches or staff to provide or obtain emergency medical treatment for my swimmer if necessary.

I understand that the camp will take reasonable precautions to ensure the safety and well-being of all participants and that all rules and instructions and the SNB Code of Conduct must be followed.

By signing below, I confirm that the information provided on this registration form is accurate and complete, and I agree to the terms outlined in this disclaimer.

Parent/Guardian Name (print): _____ **Date:** _____

Signature: _____