

OTTAWA SWIM CLUB
Competitive and Pre-Competitive Registration Form
www.ottawaswimclub.ca
Swim Year 2017/18

Swimmer's Name: Last Name: _____ First Name: _____ Male: _____ Female: _____ Date of Birth: <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr> <th style="width: 15%;">Day</th> <th style="width: 15%;">Month</th> <th style="width: 15%;">Year</th> <th style="width: 15%;">Year</th> <th style="width: 15%;">Year</th> <th style="width: 15%;">Year</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> Swim Ontario Number: <table border="1" style="width: 100%; text-align: center; font-size: x-small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Health Card Number: <table border="1" style="width: 100%; text-align: center; font-size: x-small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Day	Month	Year	Year	Year	Year																																Mother's Name: Last Name: _____ First Name: _____ Phone # (H) _____ Phone # (O) _____ Cell # _____ Fax # _____ E-mail _____	Father's Name: Last Name: _____ First Name: _____ Phone # (H) _____ Phone # (O) _____ Cell # _____ Fax # _____ E-mail _____
Day	Month	Year	Year	Year	Year																																		

Street No: _____	Street Name: _____	Apt # _____						
Postal Code	<table border="1" style="width: 100%; text-align: center; font-size: x-small;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
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<u>Swim Group</u>	<u>Number of Swims Per Week</u>	
Pre-Competitive	Up to 3	Please come prepared with sufficient cheques to be able to fill them out during the information session to cover the swim season.
Competitive Level - I	Up to 4	
Competitive Level - II	Up to 6	
Junior	Up to 8	
Senior	Up to 10	

I give the Ottawa Swim Club permission to enter required personal information on the Swim Direct database for the purposes outlined in Swim Ontario's policy. I understand that I may withdraw consent at any time upon written notice to the swim Ontario Executive Director, and my personal information will be purged from the database. Withdrawal constitutes deregistration.

Parent or Guardian Signature: _____

In case of medical emergency, I give permission to the health care provider selected by the official in charge, to secure proper treatment for the child named above.