



OTTAWA SWIM CLUB

Competitive and Pre-Competitive Registration Form

www.ottawaswimclub.ca

Swimmer's Name: Last Name: _____ First Name: _____ Male: _____ Female: _____ Date of Birth: <table border="1" style="width: 100%; text-align: center;"> <tr> <th style="width: 10%;">Day</th> <th style="width: 10%;">Month</th> <th style="width: 10%;">Year</th> </tr> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> Health Card Number: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	Day	Month	Year																								Parent / Legal Guardian Name: Last Name: _____ First Name: _____ Phone # (H) _____ Phone # (O) _____ Cell # _____ Fax # _____ E-mail _____	Parent / Legal Guardian Name: Last Name: _____ First Name: _____ Phone # (H) _____ Phone # (O) _____ Cell # _____ Fax # _____ E-mail _____
Day	Month	Year																										

Street No: _____ Postal Code <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>							Street Name: _____ Street No: _____ Postal Code <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>							Apt # _____ Apt # _____

Swim Group	Please check appropriate group	
Pre-Competitive	Practices/week: 2 <input type="checkbox"/> or 3 <input type="checkbox"/>	Group 1 <input type="checkbox"/> or Group 2 <input type="checkbox"/>
Competitive 1 Development	<input type="checkbox"/>	OTTSC T-shirt size: XS <input type="checkbox"/> , S <input type="checkbox"/> , M <input type="checkbox"/> , L <input type="checkbox"/> , XL <input type="checkbox"/>
Competitive 1 Performance	<input type="checkbox"/>	OTTSC T-shirt size: XS <input type="checkbox"/> , S <input type="checkbox"/> , M <input type="checkbox"/> , L <input type="checkbox"/> , XL <input type="checkbox"/>
Competitive 2	<input type="checkbox"/>	OTTSC T-shirt size: XS <input type="checkbox"/> , S <input type="checkbox"/> , M <input type="checkbox"/> , L <input type="checkbox"/> , XL <input type="checkbox"/>
Junior / Senior	<input type="checkbox"/>	OTTSC T-shirt size: XS <input type="checkbox"/> , S <input type="checkbox"/> , M <input type="checkbox"/> , L <input type="checkbox"/> , XL <input type="checkbox"/>

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.

****The new Rowan's Law provincial legislation came into effect on July 1, 2019. All sport organizations must require that athletes under 26 years of age, as well as the parent (for athletes under 18) confirm that they have reviewed the concussion awareness resources provided by the Government of Ontario. I confirm I have reviewed this on the OTTSC website here: ottawaswimclub.ca/registration/**

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.