OTTAWA SWIM CLUB
Competitive and Pre-Competitive Registration Form
www.ottawaswimclub.ca

Swimmer's Name:

Last Name: _____

First Name: _____

Male: **Female:**

Date of Birth:

Day		Month		Year			

Health Card Number:

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 _____

Street No: _____ **Street Name:** _____ **Apt #** _____

Postal Code

All swimmers receive an OTTSC T-shirt with their registration. Please confirm the size.

Youth: S ☐ , M ☐ , L ☐

Adult: XS ☐ , S ☐ , M ☐ , L ☐ , XL ☐

Swim Group	Please check appropriate group	
Pre-Comp ☐ / HYBRID ☐	Practices/week: 2 ☐ or 3 ☐	Group 1 ☐ , Group 2 ☐
Competitive Level I	☐	
Pathway to Competitive II	☐	
Competitive Level - II	☐	
Junior / Senior	☐	

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.