

OTTAWA SWIM CLUB
Competitive and Pre-Competitive Registration Form
www.ottawaswimclub.ca
Swim Year 2009/10

| Swimmer's Name: Last Name: _____ First Name: _____ Male: <input type="checkbox"/> Female: <input type="checkbox"/> Date of Birth: <table border="1" style="width: 100%; border-collapse: collapse;"> <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; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Swim Ontario Number: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Health Card Number: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | Day | Month | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|------------------|--------------------|-------------|
| Street No: _____ | Street Name: _____ | Apt # _____ |
| Postal Code | | |
| | | |
| | | |
| Street No: _____ | Street Name: _____ | Apt # _____ |
| Postal Code | | |
| | | |

| Swim Group | Number of Swims Per Week | |
|------------------------|--------------------------|--------------------------------------|
| Pre-Competitive | Up to 2 | Please come prepared with sufficient |
| Competitive Level - I | Up to 4 | cheques to be able to fill them out |
| Competitive Level - II | Up to 6 | during the information session to |
| Junior | Up to 8 | cover the swim season. |
| 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.