

ABBOTSFORD OLYMPIANS SWIM CLUB TRY-OUT FORM

This form must be completed and submitted for you/your child to participate in the try-out.

Surname: _____ Given Names: _____

Birthdate: _____ Sex: _____

Phone #: _____ email address: _____

Parents/Guardians: _____

mother

father

Address: _____

street

city

postal code

B.C. Medical # _____ Doctor: _____

Dr. Phone #: _____

Emergency contact: _____ Phone# _____

Does your child have any medical/learning conditions that we need to know about? _____

How did you hear about AOSC ? newspaper, brochure, friend, banner, sandwich board, other?

A \$10.00 insurance fee will be payable upon completion of this form in order to try-out for one week with AOSC.

Which group are you trying out for? Mini Olympians _____ Jr. Olympians _____
Olympic Way _____ SI&C _____.

Parent/Guardian Signature: _____ Date: _____

Good Luck and Enjoy!

Brian Metcalfe
Director of Swimming
Abbotsford Olympians Swim Club