



## 2019-2020 AURORA DUCKS SWIMMING ASSESSMENT

SWIMMER'S NAME: \_\_\_\_\_ Gender: M F

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_  
Month Day Year

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

Current/Former Swim Club and/or Last Level Red Cross completed:

EMAIL: \_\_\_\_\_

PARENT NAMES:

FATHER \_\_\_\_\_ CELL/BUS Phone: \_\_\_\_\_

MOTHER \_\_\_\_\_ CELL/BUS Phone: \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

Is there any medical condition or information we should know about? \_\_\_\_\_

I authorize the chapeone, and/or coach(es) to take any action they deem necessary in an emergency.

I, the undersigned, do hereby release and agree to indemnify and save harmless the Aurora Ducks Swimming Club Inc., and their officers, employees or agents, and each and every board and Commission thereof, from all claimes for loss, injury or damage, to persons and property while participating in or travelling to and from Swim Club activities, which I or any person claiming through me or my behalf, may at any time have arising out of or connected with the operation of this activity.

**Due to insurance requirements, this form *must* be completed before you are allowed to swim**

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about Aurora Ducks Swimming? Friend Relative Internet  
Pool/Town Brochure Sport Aurora Magazine Other \_\_\_\_\_

NOTES:

Tryout Coach: \_\_\_\_\_ Tryout Date: \_\_\_\_\_

Recommended Group: \_\_\_\_\_

Parent Follow-up Completed/Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Welcome Letter Sent/Date: \_\_\_\_\_

Referred by: \_\_\_\_\_