



2018-2019 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 Ducks Swimming Club Inc, Aurora Swim Club, Reg Chappell 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 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: _____