



First Name:		Last Name:	
Date of birth:		Gender: F/M	
Canada citizenship: Y/N		Highest swimming level:	
Parent/Guardian First name:		Parent/Guardian Last name:	
Parent/Guardian email:		Parent/Guardian cell phone:	
Health conditions:		Allergies/Medication:	
Any disability: Y/N specify			

Informed Consent and Acknowledgement

I, as the Swimmer or Parent/Guardian, (in respect to an applicant under the age of 18 years):

- Understand that Swimming Canada and OYO Swim Club will be responsible for handling personal information. This is for emergency contacts and medical information and personal information will not be passed on to any other third party without the applicant's consent. Assume all risks and hazards incidental to the conduct of the activities, and release, absolve and hold harmless OYO Swimming Club and all its respective officers, agents, and representatives from all liability for injuries to said child participating in or conducted during the sessions.
- Consent for my child to be administered such emergency medical treatment as is reasonable/necessary and that I will reimburse any necessary expenses incurred.
- Hereby waive all claims against OYO Swim Club including all coaches and affiliates, all participants, and, if applicable, owners and lessors of premises used to conduct the event. I have read, understood, and agree to the above declarations.

Parent/guard name: _____

Parent/guard signature: _____

OYO Swim Club Use only:

Assessment day:	
Recommended Group:	