



Athlete Information

New Swimmer Have you ever been a member of another Swim Club? If yes, your Team? _____
 Returning Swimmer – Please complete all fields to ensure that our files are up to date

Swimmer(s) Surname: *Use back if needed.* Given Name(s):
1) _____ 1) _____
2) _____ 2) _____
3) _____ 3) _____

1) Male Female Date of Birth: MM _____ DD _____ YY _____ Age as of Dec31, 2021 _____
2) Male Female Date of Birth: MM _____ DD _____ YY _____ Age as of Dec31, 2021 _____
3) Male Female Date of Birth: MM _____ DD _____ YY _____ Age as of Dec31, 2021 _____

Is the swimmer with a Disability? If so, enter Swimming Canada Classification Code: S# _____ SB# _____ SM# _____
If yes and not Classified, would you like them to be? YES NO

Are you of Aboriginal descent? Please provide Ancestry Status / Treaty Non Status Métis Inuit

Please Note: the Prov & Fed Gov't wants to track the participation of persons of Aboriginal ancestry including identification for the 2017 North American Indigenous Games. This disclosure is voluntary.

Health Care number: _____ Family Dr: _____ Tel: _____

Please List and describe any medical concerns & / or conditions that the coaching staff needs to be aware of: *use back if needed*

Emergency Treatment?

Please list and describe any known Physical and / or Learning Difficulties. *Use back if needed.*

This is entirely confidential and is only used for the purpose of preparing the Coach(es) for benefitting your Child's Stingrays experience:

Parent/Guardian information

Parent 1 Guardian 1 Parent 2 Guardian 2

First Name: _____ First Name: _____

Last Name: _____ Last Name: _____

Address: _____ Address: _____
 same as left

City: _____ Postal Code: _____ City: _____ Postal Code: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

**only 1 email can be listed as PRIMARY CONTACT and online log in*

Primary Email: _____ Email: _____

EMERGENCY CONTACT INFORMATION: *in addition to the info above*

Telephone # _____ Name: _____ Relationship: _____

Parent/Guardian agreement

I have received, reviewed, understand, and agree with the:

- 1) DST Terms & Conditions for Participation
- 2) DST Code of Conduct & Rights and Responsibilities
- 3) DST Waiver: General
- 4) DST Media Release

Parent / Guardian 1 Parent / Guardian 2 Date *mm/dd/yy*

OFFICE USE ONLY: SNC ID _____	Program: E D SA C B A
SNC Insurance: Non Competitive	Commitment: FULL 2 days 1 day
Competitive: 8&U 9/10 11-14 15&O	Day(s): M T W Th F S