

**TRENT SWIM CLUB**  
**2007 - 2008 MEMBERSHIP APPLICATION**

**SENIOR JUNIOR AG3 AG2 AG1 (circle group)**

This sheet is to be completed and returned at registration. For your swimmer's benefit this form will be carried by the chaperones to all meets which your swimmer attends.

Swimmer Name \_\_\_\_\_ M F

Parent/ Guardian \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

City \_\_\_\_\_

Phone  
Number \_\_\_\_\_

Email Address \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Family Physician \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Medical History (Allergies etc)

\_\_\_\_\_

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I give permission for the Trent Swim Club to use my child's picture and/or name on the Club's Website or in communication with the media.

Experience has shown that there are times that illnesses or accident may occur and immediate medical attention may be necessary.

I hereby give my permission for the official in charge or his/her deputy to make arrangements for medical attention for my child in the event of an emergency without the necessity of my prior approval. I understand that I will be notified by the quickest means if this authority is exercised.

\_\_\_\_\_

Signature of Parent or Guardian