ABBOTSFORD OLYMPIANS SWIM CLUB
TRY-OUT FORM

This form must be completed and submitted for you/your child to participate in the try-out.

First:_____Last:_____
Birthdate:_____Sex:_____Phone #:_____
Parents/Guardians:_____
mother father
Address:_____
street city postal code
B.C. Medical #_____Doctor:_____
Dr. Phone #:_____
Emergency contact:_____Phone#_____

How did you hear about AOSC ? newspaper, brochure, friend, banner, sandwich board, other?

A $10.00 insurance fee will be payable upon completion of this form in order to try-out for one week with AOSC.

Which group are you trying out for? Mini Olympinans_____Jr. Olympians____
Olympic Way_____SI&C_____.

Parent/Guardian Signature:_____Date:_____

Good Luck and Enjoy!

Brian Metcalfe
Director of Swimming
Abbotsford Olympians Swim Club