



2023-2024 AURORA DUCKS SWIMMING ASSESSMENT

SWIMMER'S NAME: _____

BIRTH DATE: _____ AGE: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ HOME PHONE: _____

Current/Former Swim Club and/or Last Level Red Cross completed: _____

EMAIL ADDRESS: _____

PARENT NAMES:

FATHER _____ CELL/BUS Phone: _____

MOTHER _____ CELL/BUS Phone: _____

I authorize the chaperone, 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 Aurora Ducks Swimming Club Inc., and their officers, employees or agents, and each and every board and Commission thereof, from all claims 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: _____

FAMILY DOCTOR _____ PHONE _____

Is there any medical condition or information we should know about?

How did you hear about Aurora Ducks Swimming? Friend Relative Internet

Pool/Town Brochure Sport Aurora Magazine Other _____

Tryout Coach: _____ Tryout Date: _____ Recommended Group: _____