



Swimmer Info

First Name: _____ Last Name: _____
Gender: Male / Female Date of Birth: _____ (i.e. May 1, 2000)
Month/ Day /Year

Medical Information

Do you have any medical conditions? No / Yes Health Card Number: _____
If yes, explain: _____

Parent Information

First Name: _____ Last Name: _____
Home Email: _____ Work Email: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Home Phone : _____ Work Phone: _____
Relationship to Swimmer: _____

History

First year joined a swim club: _____
At what pool did you learn to swim: _____
Which lesson program were you a part of:
 Red Cross YMCA Lifesaving Other: _____
What school do you currently attend: _____

Tier

Regional/National Tier 4 Tier 3 Tier 2 Tier 1B Tier 1A Jr Dolphin
I, Parent/Guardian of _____ certify that I allow
my son/daughter to participate in the Summerside Dolphin Swim Club and that I absolve the
Summerside Dolphin Swim Club, Coaches and Executive from any blame or responsibility for
accident or injury to this above name, while a swimmer or spectator in this program or while
traveling to or from activities on or off Prince Edward Island.

Parent Consent: _____ Date: _____
Signature

T-Shirts

Please provide shirt size of your swimmer as each swimmer on the team will receive a t-shirt
compliments of the Summerside Dolphin Swim Club.
 Child Small Child Medium Child Large Adult Small Adult Medium Adult Large
 Adult X-Large

Registrar will fill in

Swimmer ID Number: _____