



CLUB AFFILIATION FORM - Swim Season 2016-2017

Club Name _____ Call Letters: _____

Incorporation # _____

Club Address _____

City _____ Postal Code _____

Club Phone _____ Club Fax _____

Club Email _____ Club Web Site _____

President Name _____ Email _____

Address _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Head Coach Name _____ Email _____

Address _____ NCCP # _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Treasurer Name _____ Email _____

Address _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Secretary Name _____ Email _____

Address _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Meet Manager Name _____ Email _____

Address _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Swim-a-Thon Name _____ Email _____

Address _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Officials Chair Name _____ Email _____

Address _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Club Officials Administrator Name _____ Email _____

Address _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Registrar Name _____ Email _____

Address _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Pool Facility Information

Swim Ontario must have a completed Pool Depth Certificate for each pool used as listed below in request for insurance.

Insurance Certificates

Annual insurance Certificates are provided by BFL Canada for period December 1, 2016 – November 30, 2017 for all age group clubs who meet the requirements. Note: Member clubs will still be permitted to apply for and request additional certificates of insurance for additional insureds throughout the membership term. These applications will be subject to review and authorization by Swim Ontario.

Please list each facility that is used for day to day operations as well as for competition hosting.

Facility Name (Legal Name)	Facility address (including city and postal code)	Additional information required named on the certificate of insurance

We agree to abide by the By-Laws of Swim Ontario (SNC) and the policies, procedures, rules and regulations of Swim Ontario. The club executive understands fully the implications of being a member club of Swim Ontario.

Date _____

Signature of club designate and position _____

See Fee Schedule for club fee. Submission of this form and fee are required on or before August 31, 2016. Incomplete forms will be returned to the club and club affiliation will not be valid until forms are returned completed in full.

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 Website – www.swimontario.com