



UNIVERSITY/COLLEGE AFFILIATION FORM
September 1, 2016 – March 31, 2017

University/College _____ School Code _____

Team Mailing Address _____
 _____ Postal Code _____

Daytime Telephone (____) _____ Fax (____) _____

E-mail Address for School: _____ Web Address _____

Head Coach - must be registered member of CSCTA, SNC/SWIM ONTARIO

Name _____ NCCP # _____

Daytime Telephone (____) _____ E-mail Address _____

Team Registrar _____ E-mail Address: _____
 (Same as above)

Daytime Telephone (____) _____ Fax (____) _____

Meet Manager: _____ E-mail Address: _____
 (Same as above)

Daytime Telephone (____) _____ Fax (____) _____

Athletic Director _____ E-mail Address: _____

Pool Depth Certificates and Insurance Certificate

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

Please list each facility that is used for day to day operations as well as for competition hosting. BFL Canada will issue insurance certificates for period December 1, 2016 – March 31, 2017

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 (S/NC) and the policies, rules and regulations of Swim Ontario. The organization understands fully the implications of being a member club of Swim Ontario.

Date_____Signature of club designate and position_____

Completed form must accompany payment of \$56.50 for University Club Affiliation.
Payment can be made by cheque - payable to Swim Ontario
Or by Visa or Mastercard – 2.5% charge per transaction will be added

Club Registrar must also complete the Registrar Compliance Declaration (Registrar Waiver)