



## CLUB AFFILIATION FORM - Swim Season 2017-2018

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, 2017 – November 30, 2018 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. Pool Depth Certificates must be on file for every pool.

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 Affiliation fee document for club fee. Submission of this form and fee are required on or before August 31, 2017. Incomplete forms will be returned to the club and club affiliation will not be valid until forms are returned completed in full.

1 Concorde Gate Suite 200B  
 North York, ON M3C 3N6  
 Email – [heather@swimontario.com](mailto:heather@swimontario.com)  
 Website – [www.swimontario.com](http://www.swimontario.com)