



**UNIVERSITY/COLLEGE AFFILIATION FORM**  
**September 1, 2017 – March 31, 2018**

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, Swimming Canada/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, 2017 – March 31, 2018

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 (Swimming Canada) 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)