

LANGLEY OLYMPIANS SWIM CLUB TRY-OUT FORM

This form must be completed and submitted for you/your child to participate in the try-out.

First Name: _____ Last Name: _____
Birthdate: _____ Sex: _____
Phone #: _____ email address: _____
Parents/Guardians: _____

_____ mother _____ father
Address: _____
_____ street _____ city _____ postal code
B.C. Medical # _____ Doctor: _____
Dr. Phone #: _____
Emergency contact: _____ Phone# _____

Does your child have any medical/learning conditions that we need to know about? _____

How did you hear about LOSC ? newspaper, brochure, friend, banner, sandwich board, other?

A \$10.00 insurance fee will be payable upon completion of this form in order to try-out for one week with LOSC.

Which group are you trying out for? Mini Olympians _____ Jr. Olympians _____
Olympic Way _____ SI&C _____ Regional _____ Provincial _____ National _____

Which pool are you wanting to swim at? Walnut Grove _____ WC Blair _____

Parent/Guardian Signature: _____ Date: _____

Good Luck and Enjoy!

Brian Metcalfe
Director of Swimming/Head Coach
Langley Olympians Swim Club