



**ALBERTA SUMMER SWIMMING ASSOCIATION (ASSA)**

11759 Groat Road, Edmonton, AB T5M 3K6P

Phone: (780) 454-7462 Fax: (866) 780-5582

website: www.assa.ab.ca

**COMPETITION CLASS - Swimmer Registration**  
(Please print clearly or type)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
(month,day,year)

Gender: M  F  Parents Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Birth Cert: \_\_\_\_\_  
(or Alberta Health Care Number)

Club being Registered With: \_\_\_\_\_

Competitor Number Assigned:

Previous Competitive Swimming Experience:

Summer Club Yes  No

Winter Club Yes  No

(Winter Club swimming is defined as being a member of: Swim Alberta, Swimming/Natation Canada (S/NC), FINA, College, University, Varsity and/or United States High School swim clubs). Please refer to ASSA Bylaw 15 for clarification of eligibility rule.

We, the undersigned, hereby declare that the information on this form is true and complete, and that we are familiar with the definition of "amateur" as defined by Swimming/Natation Canada, and that we hereby agree to abide by the By-Laws and Rules and Regulations thereto of the Alberta Summer Swimming Association.

Signatures: \_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Club Official & Title)

\_\_\_\_\_  
(Parent/Guardian)

Refer to: Covering letter and the Handbook for Guidelines re: Registration and Fees and Categories.  
Mail Original to Alberta Summer Swimming Association (Address above) and retain one copy for your files.

FOR OFFICE USE ONLY:

FEES REC'D: \_\_\_\_\_

DATE REC'D: \_\_\_\_\_