



ALBERTA SUMMER SWIMMING ASSOCIATION (ASSA)

11759 Groat Road, Edmonton, AB T5M 3K6

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

website: www.assa.ab.ca

EXHIBITION CLASS - Swimmer Registration

(Please print or type clearly)

Name: _____ Phone: _____

Address: _____ City/Town: _____

Postal Code: _____ Birthdate: _____
(Day, Month, Year)

Email: _____

(Birth Cert/Alberta Health Care #) Parents Name: _____

Place of Birth: _____ Gender: M _____ F _____

Club being Registered With: _____

Previous competitive swimming experience:

Summer Club: Yes _____ No _____ If yes, year last swam _____

Winter Club: Yes _____ No _____ If yes, Month & Year last swam _____

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 the Canadian Amateur Swimming Association, and that we hereby agree to abide by the By-laws and Rules and Regulations thereto of the Alberta Summer Swimming Association.

SIGNATURES: _____
(Applicant)

(Parent/Guardian)

(Club Official)

Mail ORIGINAL to A.S.S.A., 11759 Groat Road, Edmonton, Alberta, T5M 3K6.
Refer to: The covering letter and the Handbook for Guidelines re: Registration and Fees and Categories.

FOR OFFICE USE ONLY:

Fees Rec'd: _____ Initial: _____ Exhibition #: _____