LANGLEY OLYMPIANS SWIM CLUB
MASTERS TRY-OUT FORM 2019 - 2020

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

First Name:_____Last Name:_____
Birthdate:_____Sex:_____
Phone #:_____email address:_____

Address:_____
street city postal code
B.C. Medical #_____Doctor:_____
Dr. Phone #:_____
Emergency contact:_____Phone#_____

Do you have any medical conditions that we need to know about?
_____
_____

Please indicate native language spoken if not English_____

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

Start date:_____

Which day(s) did you want to swim? (please circle days)
Tu / Th 7:45-9:00pm _____
Wed (TBC) 5:30-6:45am _____
Sun (TBC) 7:45-9:00am _____

Signature:_____Date:_____

Good Luck and Enjoy!

Langley Olympians Swim Club