

**1. Swimmer Information** ✓

First Name:: \_\_\_\_\_ Surname:: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code : \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email : \_\_\_\_\_ Association:  MSABC or  TRI-BC  
 Gender:  Female  Male Birthdate: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**2 Association - Must be a current member of MSABC or TRIBC** ✓

<p><b>TRI-BC members</b> – Please provide proof (photocopy) of current membership:</p> <hr/> <p>TRI-BC #    Exp.Date</p> <p>Register or re-Register online at <a href="http://www.tribc.org">www.tribc.org</a>.                  Use CDSC club code 3852 for affiliate discount.</p>	<p><b>For Non- TRIBC or MSABC members: ** REQUIRED **</b></p> <p>Master Swimming Association of British Columbia Application:</p> <ol style="list-style-type: none"> <li>1. Please pay the MSABC 2011-2012 membership fee of \$35.00 to <b>CDSC</b>. CDSC will register/re-register you with MSABC for the new season.</li> <li>2. Complete the MSABC application/waiver..</li> <li>3. This membership will be good for the whole season Sep.2011 – Aug.2012.</li> </ol> <p>Please provide your MSABC# if you know it: _____</p>
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**3. Medical Information** ✓

Allergies/Known Medical Conditions/Medications:  None     Details Below and Notify Head Coach:

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**4. Membership Application** ✓

New :  or Returning :       Ability:  Beginner     Intermediate     Advanced

Select: <b>Winter 2012</b>  <input type="checkbox"/> <b>Tues. Jan.3 – Sat. Apr. 7</b>  No Swimming on Statutory Holidays or VAC closures.	Select One:  <input type="checkbox"/> Tues & Thurs (early session) <input type="checkbox"/> Tues, Thurs, ( Fri / Sat) <input type="checkbox"/> Mon, Tues, Thurs, ( Fri / Sat) <input type="checkbox"/> Mon, Tues, Thurs, Fri, Sat Clinics (Session Rate) MSABC Fee (if applicable, HST exempt)	Fee: HST Included \$240.80 \$313.60 \$369.60 \$414.40 \$tba \$35.00	Fee: \$ _____ MSABC: \$ _____ Clinics \$ _____ <b>Total Due:</b> \$ _____  Payable to "CDSC": Cheque# : _____  HST Reg#: 867261810
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*Cheques payable to CDSC at time of registration. Payment Due upon registration. Pro-rated refunds after first week only for medical reasons. (NSF cheques will incur a \$25.00 service charge.) **Minimum age 18 years.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Proof of valid TRI-BC membership required OR completed MSABC application and payment.**