



Youth National Group Application Form
UBC Dolphins
6121 University Blvd
Vancouver BC V6T 1Z1

Section 1 Current Program

VPSC

CDSC

WDSC

Other _____

Section 2 Personal Details

Given Names _____ Family Name _____

Age _____ Date of Birth _____ Female _____ Male _____

Current Address _____

_____ Postal Code _____

Telephone _____ Fax _____

Mobile _____ Email _____

Section 3 Education

Name of Current School: _____

Current Grade: _____



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Section 4 Performance

Best Events	Best Time (current season)	Best Time (all time)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Swimmer's signature _____ Date: _____

Parent's signature (if under 18) _____ Date: _____

Coach's signature _____ Date: _____
 (With financial clearance from club as per SNC policies)

I should be considered for the UBC Dolphin Youth National Group because:

(Attach more sheets as needed)

Section 5 Authorities

A Injury/illness disclosure

List all illnesses and injuries that have affected your training in the past 12 months and the name and address of any medical practitioner consulted in relation to your condition. Older injuries with ongoing effects are also to be declared.

Illness/injury	Medical practitioner	Address and telephone
1	_____	_____
2	_____	_____
3	_____	_____



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B Declaration and signature

I wish to be considered for entry to the UBC Dolphin Youth National Group, and I declare that all information submitted on this application form is correct and complete. I understand that the UBC Dolphins reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information.

Signature of applicant _____ Date _____

For applicants under 18 years of age, the parent, guardian or custodian who is the first legal point of contact must sign.

Name (printed) _____

Relationship to applicant _____

Address _____ Postal Code _____

Telephone _____ Fax _____

Email _____

Signed _____ Date _____

C Application will not be accepted unless all information is accurate and complete.

Please Mail completed form to:

UBC Dolphins
6121 University Blvd
Vancouver BC V6T 1Z1

Or Fax to: (604) 822-9513

If you have any questions please contact UBC Dolphin Head Coach, Derrick Schoof, at ubcpdsa@interchange.ubc.ca or (604) 822-8903.

For Office Use Only:

Date Received: _____

Received By: _____