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## APPENDIX B



# ATHLETE TRANSFER FORM

### Swimmer Information

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ CASSA #: \_\_\_\_\_

### Transfer Details

Requesting Transfer from: \_\_\_\_\_  
*(Name of Club)* \_\_\_\_\_ *Telephone* \_\_\_\_\_  
\_\_\_\_\_ *Address* \_\_\_\_\_

Requesting Transfer to: \_\_\_\_\_  
*(Name of Club)* \_\_\_\_\_ *Telephone* \_\_\_\_\_  
\_\_\_\_\_ *Address* \_\_\_\_\_

Date of last Swim: \_\_\_\_\_

Reason for requesting transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Swimmer's Signature \_\_\_\_\_ Parent's Signature (if under 18 yrs) \_\_\_\_\_

### Authorization

**For "Releasing Club" Use Only**

This is to certify that \_\_\_\_\_ agrees with the transfer of  
*(Name of Releasing Club)*  
\_\_\_\_\_ to the \_\_\_\_\_.  
*(Name of Swimmer)* *(Name of Transfer Club)*

\_\_\_\_\_ Title \_\_\_\_\_  
Name

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

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APPENDIX C

CLUB TRANSFER / RELEASE FORM



Club Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Requesting Release From: \_\_\_\_\_

Provincial Association

Telephone

Address

Requesting Release To: \_\_\_\_\_

Provincial Association

Telephone

Address

Reason for requesting release: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

*This form must be signed by an authorized signing officer of the requesting club and submitted to the residing Provincial Office.*

**FOR PROVINCIAL OFFICE USE ONLY**

This is to certify that \_\_\_\_\_ agrees with the release of \_\_\_\_\_

*Releasing Province*

\_\_\_\_\_ to the province of \_\_\_\_\_.

*Club Name*

*Province Released To*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date