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| **APPENDIX A****ATHLETE TRANSFER FORM** |
| This form should be submitted to Synchro Swim Ontario, 12-89 Galaxy Blvd., Etobicoke ON M9W 6A4 or membership@synchroontario.com. Competitive athletes transferring from one club member to another during the competitive year (i.e., after September 1st of each year and/or after having signed an application for registration with the original club) must also submit the prescribed transfer fee of $50. |
| **Athlete Information** |  |  |  |  |
| Athlete Name: |   |
| Address: |   |
| Province: | ON | Postal Code: |   |  |  |
| Telephone: |   | Date of Birth: |   | CASSA#: |   |
| **Transfer Details** |  |  |  |  |
| Requesting transfer from: |   | Date of last swim: |   |
|  |  | (Name of Club) |  |   |
| Address: |   |
| Province: | ON | Postal Code: |   |  |  |
| Requesting transfer to: |   |
|  |  | (Name of Club) |
| Address: |   |
| Province: | ON | Postal Code: |   |  |  |
| Reason for requesting transfer? |   |
|   |  |   |  |
| Athlete's Signature |  | Parent's Signature (if under 18 yrs) |  |
| **Authorization** | **For "Releasing Club Use Only** |
| Club Name: |   | Athlete Name: |   |
| We support the athlete transfer: |   Yes |  No |   |
| The named athlete is in good standing: |   No |  Yes |   |
| If No, please provide a reason (e.g. unpaid fees): |   |
|   |  |   |  |
| Name & Title of Releasing Club Official |  | Signature of Releasing Club Official |  |
|   |  |  |  |  |
| Date of Release |  |  |  |  |

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| **Payment options:** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Cheque | Visa/MasterCard |  |  | Use card authorized on file |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  Visa  MasterCard |   |   |   |   |   |
|   |  |  |  |  |  |   |
| Card #: |   | Expiry: |   | CVV: |
|   |  |  |  |  |  |   |
| Name on Card: |   |   |   |   |  |   |
|   |  |  |  |  |  |   |
| Signature: |   |   |   |   |  |   |
|   |   |   |   |   |   |   |