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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](mailto: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 | |  |  |  |  |

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