



**2009 Nova Scotia Canada Games
Swimming Core Team
Athlete Application**



(Swimmers must be registered with Swim Nova Scotia)

Swimmers Name: _____ Team: _____

Complete Mailing Address: _____

Phone: _____ Email Address: _____

Birth Date: _____

Medical Card # _____ Expiry Date: _____

I have qualified for the 2009 N.S. Canada Games Core Team in the following events:

| Event | Time | Competition |
|-------|------|-------------|
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Signed: _____
Athlete

Parent or Guardian

Club Coach

Please submit completed applications to:
Swim Nova Scotia
5516 Spring Garden Rd
Halifax, N.S.
B3J 1G6
(902) 425-5606 (fax)