

BCSSA ATHLETE ASSIGNMENT FORM

Athlete's Name	Registration Number	Aquatics
Please Print		<input type="checkbox"/> Swimming <input type="checkbox"/> Diving <input type="checkbox"/> Water Polo <input type="checkbox"/> Synchro

Complete one section below that applies to the type of assignment.

Assignment Between Clubs in Same Region	
Original Club	New Club
Club President's Signature	Club President's Signature
Date	Date

Assignment Between Clubs in Different Regions	
Original Club	New Club
Club President's Signature	Club President's Signature
Regional Director's Signature	Regional Director's Signature
Date	Date

NO ASSIGNMENTS AFTER JULY 9, 2009