

CSRA SUMMER SWIM LEAGUE-FERMATA HURRICANES 2017 REGISTRATION FORM
PLEASE PRINT CLEARLY

FULL NAME: _____ PREFERRED: _____

GENDER: _____ AGE (JUNE 1): _____ DOB _____

FULL NAME: _____ PREFERRED: _____

GENDER: _____ AGE (JUNE 1): _____ DOB _____

FULL NAME: _____ PREFERRED: _____

GENDER: _____ AGE (JUNE 1): _____ DOB _____

PARENT/GUARDIAN: _____

HOME ADDRESS: _____

PHONE NUMBERS:

HOME		CELL (DAD)	
WORK (DAD)		CELL (MOM)	
WORK (MOM)		CELL (SWIMMER)	

EMAIL(DAD:) _____ MAIL(MOM): _____

ADD'L EMAIL: _____

EMERGENCY & MEDICAL INFORMATION

E/C NAME: _____ PHONE 1: _____ PHONE 2: _____

LIST OF MEDICAL PROBLEMS/PROHIBITION SWIMMER HAS: _____

CURRENT MEDICATION SWIMMER IS ON: _____

MEDICAL INSURANCE CO: _____ POLICY# _____

POLICY HOLDER: _____

EMERGENCY MEDICAL RELEASE: Should a medical emergency arise during my child's participation in a CSRA Swim League sponsored activity, I understand that all reasonable effort will be made to contact me or the emergency contact at the phone number(s) listed above. If I cannot be reached or if it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me would cause, I consent to the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility. I consent to the immediate administration of life-sustaining measures deemed necessary under the circumstances.

Parent/Guardian Signature/Date

RELEASE FROM LIABILITY: My child is currently in good physical condition and can participate in all swim activities, unless prior written notification is delivered to the Swim Team Committee. Should any illness or accident occur to my child during swim team activities (to include travel), I hereby and in advance, waive, release, and discharge any rights and claims for damages which child or parent may have against the CSRA Summer Swim League, the Fermata Hurricanes or agents/representatives thereof. I authorize any emergency treatment and agree to be financially responsible for the charges thereof.

Parent/Guardian Signature/ Date

PARENT COMMITMENT: I understand I will be required to donate my time to the operation of my child's swim team and serve in a working capacity at meets which my child participates.

Parent/Guardian Signature/ Date