



Staff Use Only
Date Pd. _____
Amount _____
Method _____

Summer Swim League Registration Form

Section A – Contact Information

Participants Name _____

Date of Birth _____

Home Address _____

Home Telephone: _____ Cell: _____

E-Mail Address _____

Parent/Guardian Name _____

Emergency Contact Name: _____ Telephone: _____

Athlete's T-shirt Size: _____ Child/Adult

Section B – Background Information

1. Describe the participant's previous experiences with an organized swim program.

2. What is the participant's current skill level in the water?

3. Does the participant have any type of medical conditions such as asthma, seizures, diabetes, etc. that may affect his/her ability to participate in this program? _____ Yes _____ No

Describe

4. What do you and the participant hope to gain from being involved in the summer swim program?

5. Tell us how you heard about our program.

Section C – Waivers and Releases

Photo Permission

The participant's picture may be taken at programs. If you do not wish to grant photo permission, please state so. Otherwise, we will assume that approval is given. Please initial after reading _____.

Emergency Treatment Permission

In case of an accident or injury, and in the absence of a parent or guardian, the Sports Center will provide first aid treatment and will have the participant placed under the care of emergency medicine professionals, including the hospital when necessary. Please initial after reading _____.

Waiver and Release

I understand that my family and I are involved in this program at our own risk and are solely responsible for any injury that we sustain as a result of participation in the program. We agree to hold harmless Sports Center, its staff and owners for any injuries sustained.

Parent Name _____ Date _____

Parent Signature _____

