

## Swim Team Registration Form

Swimmer's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Swimmer's Age: \_\_\_\_\_ Male / Female

Street Address: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital \_\_\_\_\_ Doctor \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

Shirt Size:	Youth Small	Adult Small	
	Youth Medium	Adult Medium	
	Youth Large	Adult Large	Adult X-Large

Any siblings registered? (If YES, Please give names)

\_\_\_\_\_  
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### Release:

I hereby release any Coach, Instructor, Sedgwick Community Pool and any person connected with the Sedgwick Swim team and the City of Sedgwick from any liability and responsibility for injuries or damages. I acknowledge the fact that \_\_\_\_\_ is physically able to participate in this activity, and I will assume full responsibility for payment of all medical expenses that might occur as a result of participation.

I, \_\_\_\_\_, give permission to the coaches to obtain any medical  
*(Parent name)*  
treatment necessary for the health and well being of my child, \_\_\_\_\_.  
*(Child name)*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount Due \$30 Registration fee + \$15 Meet fee + \$5 T-shirt cost = \$50 total

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_