

**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): \_\_\_\_\_ EMAIL (MOM): \_\_\_\_\_

ADD'L EMAIL: \_\_\_\_\_

**EMERGENCY & MEDICAL INFORMATION**

E/C NAME: \_\_\_\_\_ PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

LIST OF MEDICAL PROBLEMS/PROHIBITIONS 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 West Lake Country Club Dolphins 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

# FERMATA CLUB SWIM TEAM

## **Commitment of Parents**

My child (or children) and I have discussed the guidelines given in the Fermata Swim Team Swimmer's Code of Conduct. We understand and support the value of the Fermata Swim Team's rules and procedures, and will do our part to ensure our family's compliance.

(If more than one swimmer with different plans write names in the spaces)

SWIMMER(S) NAME		
MEET DATE	YES, MY SWIMMER WILL PARTICIPATE	NO, MY SWIMMER WILL NOT PARTICIPATE
06/08/10		
06/15/10		
06/22/10		
06/29/10		
CHAMPIONSHIP tbd		
07/10/10 (ALLSTAR)		

**LET CAREY KNOW ASAP IF YOUR PLANS CHANGE – in writing or via email**

PRINT parents name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## **PRICES AND PAYMENT**

QTY		PRICE	TOTAL PRICE
	Registration all swimmers	\$40/swimmer	
	Registration - late fee (after May 22)	\$15	
	Swimsuit: Female	\$48	
	Male - Jammers	\$33	
	Concession fee \$4/home meet/family	\$8	
	Goggles:	\$13	
	Silicone Caps	\$12	
		TOTAL COST	
		cash given	
		check number	

Make checks payable to **FERMATA SWIM TEAM**. Because the swimmers must be registered with the CSRA League Office, return the registration form to Terry Dennis or Lizette McIntyre by May 22 or a late fee of \$15 will be assessed.

In order to have swimsuits arrive by the first meet they must be ordered by May 25.

The concession fee is for buying drinks and food for our home meets for concession sales.