

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
06/07/11		
06/14/11		
06/21/11		
06/28/11		
CHAMPIONSHIP 7/2		
07/3/10 (ALLSTAR)		

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

Parent/Guardian Signature _____

PRICES AND PAYMENT

QTY		PRICE	TOTAL PRICE
	Registration all swimmers	\$40/swimmer	
	Registration - late fee (after May 16)	\$15	
	Swimsuit: Female	\$48	
	Male - Jammers	\$33	
	Concession fee \$4/home meet/family	\$12	
	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 16 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 24.

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