

**CSRA SUMMER SWIM LEAGUE**

Amount \_\_\_\_\_

**REGISTRATION FORM**

Check # \_\_\_\_\_

Please print clearly	<b>Ages as of June 1st</b>
Child's Name _____	DOB _____ M/F Age _____
Child's Name _____	DOB _____ M/F Age _____
Child's Name _____	DOB _____ M/F Age _____
Home Phone _____	Cell Phone _____
Address _____	E-mail* _____
* We communicate extensively by e-mail; please provide your most viable e-mail address	

<b>Emergency &amp; Medical Information</b>	
Parent/Guardian Names _____	
Emergency Contact Name _____	Phone _____
List medical problems/prohibitions each swimmer has _____ (Allergies, asthma, physical impairments, or other medical conditions)	
Current Medication each swimmer is taking _____	
Medical Insurance Co. _____	Policy Number _____ Policy Holder _____
<p><b>EMERGENCY MEDICAL RELEASE:</b> Should a medical emergency arise during my child's/children's participation in a CSRA Swim League sponsored activity, I understand that reasonable effort will be made to contact me or the emergency contact at the phone numbers listed above. If I cannot be reached or if it is believed that my child's/children's life(lives) 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 also consent to the immediate administration of life-sustaining measures deemed necessary under the circumstances.</p>	
Hospital Preference _____	Physician _____
_____	_____
Parent Signature	Date

<p><b>RELEASE FROM LIABILITY:</b> My child/children is/are 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/children during swim team activities (including 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 _____ Swim Team, or agents/representatives thereof. I authorize any emergency treatment and agree to be responsible financially for charges thereof.</p>	
_____	_____
Parent Signature	Date
_____	_____
Witness	Date

<p><b>COMMITMENT OF PARENTS:</b> I understand I will be required to donate my time to the operation of the _____ Swim Team and to work at 1/2 of each swim meet in which my child(ren) participates.</p>	
_____	_____
Parent Signature	Date