

2015 STOCKTON SWIM CLUB TEAM REGISTRATION FORM

NAME LAST: _____ FIRST: _____

MIDDLE (required): _____

PHONE: _____ AGE: _____

BIRTH DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____



LIABILITY RELEASE: I HEREBY AGREE TO RELEASE TEAM SSC, USA SWIMMING, SAINT MARY'S HIGH SCHOOL AND ANY OF TEAM SSC'S RESPECTIVE PERSON'S, AGENTS OR EMPLOYEES FROM ANY LIABILITY IN THE EVENT OF ANY ACCIDENT OR INJURY. I ALSO STATE THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN TEAM SSC. I ALSO UNDERSTAND THAT TRAINING FEES ARE DUE ON THE FIRST OF THE MONTH AND A DELINQUENT FEE OF \$25.00 WILL BE CHARGED AFTER THE TWELFTH OF THE MONTH. I ALSO WILL DROP OFF AND PICK UP SAID SWIMMER ON THE POOL DECK FOR WORKOUTS. NON-SWIMMING CHILDREN WILL BE MONITORED BY THEIR OWN PARENTS AND NOT LEFT ON DECK ALONE. I ALSO UNDERSTAND THAT I MUST PICK UP MY SWIMMER AT THE END OF THE DETERMINED WORKOUT AND WILL BE ON TIME. PARENTS AND COACHES ON DECK ARE NOT BABYSITTERS. PLEASE DO NOT LEAVE NON-SWIMMING CHILDREN ON DECK.

SIGNATURE (PARENT or GUARDIAN): _____ DATE: _____

EMERGENCY MEDICAL RELEASE: IN THE EVENT OF ILLNESS OR INJURY, MY CHILD MAY BE TREATED BY ANY LICENSED PHYSICIAN OR DENTIST AND MAY BE ADMITTED TO ANY ACCREDITED HOSPITAL. I SHALL ASSUME THE COST OF ANY SUCH CARE.

SIGNATURE (PARENT or GUARDIAN): _____ DATE: _____

PHYSICIAN: _____ POLICY: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

ANY KNOWN ALLERGIES AND/OR PERTINENT MEDICAL INFORMATION:

MOTHER'S NAME: _____ FATHER'S NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____

PHONE: _____ PHONE: _____

PRIMARY E-MAIL USED FOR TEAM CONTACT& BILLING: _____

SECONDARY E-MAIL: _____ WITH WHOM DOES SWIMMER RESIDE? _____