

Hobson West Swim Team Registration Form 2010 - You must bring 2 copies for each FAMILY

PRINT!

FAMILY NAME _____ HOME PHONE _____

FAMILY EMAIL _____ 2ND EMAIL _____

SWIMMER(S)
FIRST NAME LAST NAME AGE AS OF 5/31/10 BIRTHDATE (Day/month/year)

PLACE *****BY CHILD'S NAME IF IT IS NECESSARY SWIM COACHES BE AWARE OF MEDICAL INFORMATION . INCLUDE ALL RELEVANT INFORMATION AND ANY MEDICAL RESTRICTIONS ON BACK OF REGISTRATION FORM.

CUSTODIAL PARENT(S) RESPONSIBLE FOR CHILD'S (REN'S) ENROLLMENT

LAST NAME FIRST NAME RELATIONSHIP CELL PHONE

Address: _____

Doctor & Phone Number: _____ Dentist & Phone Number: _____

Emergency Contact Information: List 2.

Name Home Phone/Cell Phone Relationship to Child

Permission to Participate/Acknowledgement of access to handbook/code of conduct/by-laws:

I, the undersigned, give the above child(ren) permission to participate on the Hobson West Swim Team. I, the undersigned, do hereby grant permission for the Hobson West Swim Team coaching staff and/or parent volunteers to obtain any emergency medical treatment deemed necessary by examining physicians. I understand that if I cannot work a scheduled meet it is my responsibility to find a replacement. I understand that failure to work or to provide an appropriate worker for a scheduled work assignment may result in a fine of \$100 per missed meet and possible loss of swim team privileges. I understand my family's name and home phone number will be published in the members only section of the website. I understand that a swimmer's name may be posted on the website if they break a record, win a race, etc. I, the undersigned, give the Hobson West Swim Team the absolute right and permission to use unidentified photograph(s) of my child(ren) in the on the Waves website and in the season ending slide show. I, the undersigned, have read the by-laws, code of conduct and handbook and agree to abide by the policies set forth in all documents.

Name of signing party (PRINT) _____ Date _____

Signature of signing party _____ Relationship to swimmer(s) _____