COLONY CUDAS SWIM TEAM REGISTRATION & MEDICAL RELEASE

Rec'd By / Date _____/_____
Check #: _____

Parent(s)/Guardian _____

Address _____

Home Phone # _____ Work # _____

Cell Phone #1 _____ Cell Phone #2 _____

Email #1 _____ Email #2 _____

Emergency Contact (if above cannot be reached) _____

Home Phone # _____Cell Phone # _____

Family Physician _____ Phone # _____

Medical Insurance Provider _____ Policy # _____

Swimmer	M/F	DOB	Age as of June 1, 2011	Allergies (Y/N) If yes, provide details on back of form	Medications (Y/N) If yes, provide details on back of form	If new swimmer, rank ability: 1 – Never puts head in water 3 – Comfortable in water but not proficient 5 – Can swim a lap

***Using the back of this form, please list any other pertinent information about the swimmers listed above (medical conditions, limitation, etc.).*

I hereby grant permission for the swimmer(s) listed above to participate in all required swim team practices and meets for the Colony Swim Team 2011 season. I relieve Colony Swim Team and Colony Recreation & Civic Association of all liability in case of injury during all practices, meets, and team sponsored activities. I understand that in the event of an emergency involving my child, every effort will be made to contact the parents (or guardian) before medical treatment is administered. In the event that a parent (or guardian) cannot be reached within a reasonable period of time, I grant permission to the attending physician to hospitalize and secure treatment as necessary for my child, if in the physician's best professional judgment, further delay would jeopardize my child's life or health. I hereby assume responsibility for payment of such treatment.

_____/_____ _____/_____

Parent or Guardian Signature **Date (2011)** **Parent or Guardian Signature** **Date (2012)**

I agree to read and discuss with my child the Colony Cudas Swim Team Code of Conduct included in registration packet. By his/her participation on the Colony Cudas Swim Team, he/she and I agree to abide by these rules.

_____/_____ _____/_____

Parent or Guardian Signature **Date (2011)** **Parent or Guardian Signature** **Date (2012)**

I understand that team fundraising is vital in meeting expenses. I agree to participate in all fundraising efforts by the swim team as outlined in the registration packet. I also agree to abide by the volunteer duties required by the swimmer's family as outlined in the registration packet.

_____/_____ _____/_____

Parent or Guardian Signature **Date (2011)** **Parent or Guardian Signature** **Date (2012)**

Registration fees are non-refundable and are as follows: $40 for the 1st swimmer and $20 for each additional swimmer. Please make checks payable to Colony Swim Team. Registration fees and permission forms must be submitted prior to participation in any swim team activity.