

# AQUATICS

## Sportsplex Barracudas Summer 2010 Swim Team Registration

Swimmer's Name \_\_\_\_\_ Member No. \_\_\_\_\_

Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dad's Name \_\_\_\_\_ Other Phone \_\_\_\_\_

Mom's Name \_\_\_\_\_ Other Phone \_\_\_\_\_

Family E-mail \_\_\_\_\_

**Fees:** Member \$175  Non-member \$225

**Dates:** June 7–August 27

Please list any specific health problems, physical limitations, or allergies that may affect or interfere with the athlete's ability to participate in the full program.

Please list names/numbers of people other than parents to contact in the event of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### RELEASE FORM

I, \_\_\_\_\_, understand that in all/any physical activity an element of risk is involved. I give my child, \_\_\_\_\_ permission to participate in the Sportsplex Swim Team Program.

I release Sportsplex, their employees and agents, from any and all liability for injury and loss which may occur during my child's participation in the Sportsplex Swim Team and Training Program.

In case of an emergency, I give permission to the Sportsplex Staff to take, or have my child transported to a hospital for treatment, including evaluation of injuries, x-rays and needed care.

Signature \_\_\_\_\_ Date \_\_\_\_\_