# AQUATICS

# Sportsplex Barracudas

## 2009–2010 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:**

❑ Ages 6–10 $360 ❑ Ages 11–18 $400 (as of 11/01/09)

Non Member ❑ 1st Child $100 ❑ 2nd Child $50 ❑ 3rd Child $0

Pay in full ❑ Four Payments ❑ *(Non-member must provide Credit Card information for payment plan)*

Credit Card # _____ Exp. Date _____

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 _____

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