



PARK WOODS PIRANHAS SWIM TEAM

2014 REGISTRATION FORM

Note: All official swimmers must be able to swim a full lap of the pool unassisted.

Half-Lappers: (not able to swim a full length of the pool) a family member or friend (18 or older) must be in the water with the swimmer during the Half-Lapper practice.



	Parent/Guardian 1	Parent/Guardian 2
Name		
Email Address		
Address		
Home Phone		
Cell/Wk Phone		

	Name	Age as of 6/10/14	1/2 Lap- per?	Cell Phone	Email Address
Swimmer 1					
Swimmer 2					
Swimmer 3					

Please list on the back any "A" times/events for each swimmer as well as any known vacation dates.

Volunteer Requirements

It takes a large crew of volunteers to run each event. I understand that I should be prepared to volunteer my time at each meet. I will indicate any date/time conflicts on the volunteer form.

Initial 1 _____ **Initial 2** _____

Assumption of Risk and Release of Liability

I, (we) the undersigned parent(s) or guardian(s) of the above applicant(s) for participation in swim meets and team-sponsored activities, do hereby release and discharge the Park Woods Piranhas Swim Team, the Riverton Racers Swim Team, Riverton HOA, the San Joaquin Safety Council, dba Central California Safety Council, their officers, volunteers, employees, or independent contractors from any and all liability for any injuries, illnesses, or accidents which may occur during, or related to, our child's swim team participation. **Initial 1** _____ **Initial 2** _____

Medical Release

Should my child(ren) require emergency medical attention and I cannot be located, I give permission to the Park Woods Piranhas Swim Team, it's coaches and team representatives, to obtain the necessary emergency medical care.

I understand that I will be responsible for all cost associated with such services. **Initial 1** _____ **Initial 2** _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone #: _____

Primary Physician: _____ Phone #: _____ Preferred Hospital: _____

REGISTRATION FEE: \$75 for first child. \$65 for each additional sibling. Make checks payable to: Safety Council

Total # of swimmers: _____ Total Registration Fee: \$ _____

I have read and agree to all terms described above. I understand that registration fees are not refundable:

Parent/Guardian 1 _____
Print Name
Signature
Date

Parent Guardian 2 _____
Print Name
Signature
Date