

**2018 Water Works Swim Club
Registration & Emergency Medical Authorization Form**

- New Swimmer
 Returning Swimmer

Last Name: _____ First Name: _____ M.I. _____

Age (as of June 1, 2018): _____ Birth Date: _____ Gender: _____

Primary Phone : _____ Primary E-mail: _____

T-Shirt Size (circle): Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

**Swimmers who wish to terminate membership must notify the board president before the end of the first scheduled week of practice in order to receive a refund minus a \$25 processing fee. After the first scheduled week of practice NO REFUNDS will be given.*

Parent/Guardian Information

Father's Name: _____ Father's Cell Phone: _____

Mother's Name: _____ Mother's Cell Phone: _____

Swimmer's _____ City: _____ Zip: _____
Address: _____

Home Phone: _____

Emergency Information

Emergency Contact: _____ Phone: _____
(if neither parent is available)

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Preferred Hospital Name: _____ Phone: _____

List any medical considerations / medications: _____

LIABILITY WAIVER AND CONSENT FOR MEDICAL TREATMENT

I hereby agree to permit my child to participate in all activities related to the Water Works Swim Club (WWSC). I, for myself, the athlete and any family member who may have a claim by virtue of their relationship to the athlete, hereby release and forever discharge WWSC, it's members, board and affiliated organizations from any and all claims, injuries or property damage which may occur as a result of participation in or transportation to and from WWSC programs.

As the parent or legal guardian of the above-named athlete, I hereby give consent to emergency medical treatment prescribed by a licensed medical professional when conditions necessitate treatment. This authorization does not cover major surgery unless the medical opinions of the licensed physicians/dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of Parent/Guardian Date

Club Official Use Only	
_____ \$135 Membership Fee	
_____ \$50 Long Course Discount Fee	
Total Received: _____	
Check Number/cash/credit: _____	
Received By: _____	