



Last Name _____

2009 Somerset Swim Team Registration & Medical Form (Must be a paid SRC Member before signing-up)

Address _____ City _____ Zip _____
 Home Phone _____ We are new to swim team: Yes ___ No ___
 FATHER'S NAME _____ MOTHER'S NAME _____
 Cell Phone/Pager _____ Cell Phone/Pager _____
 Work Phone _____ Work Phone _____
 Email Address _____ Email Address _____

Swimmer Information: Please include any and all special medical conditions, allergies, medications and/or significant injuries that the swim team staff should be aware of.

1. Name _____ Boy/Girl Birth date _____ Age by 6/15 _____
 Level: Sharkies___ 8 & under___ 10 & under___ 12 & under___ 14 & under___ 15+___
 Swim team experience _____ Where? _____
 Favorite Stroke _____
 Medical Information: _____

2. Name _____ Boy/Girl Birth date _____ Age by 6/15 _____
 Level: Sharkies___ 8 & under___ 10 & under___ 12 & under___ 14 & under___ 15+___
 Swim team experience _____ Where? _____
 Favorite Stroke _____
 Medical Information: _____

3. Name _____ Boy/Girl Birth date _____ Age by 6/15 _____
 Level: Sharkies___ 8 & under___ 10 & under___ 12 & under___ 14 & under___ 15+___
 Swim team experience _____ Where? _____
 Favorite Stroke _____
 Medical Information: _____

PARENT/GUARDIAN RELEASE

I, parent of guardian of the children listed on this form, consent for medical care to be provided to him/her. I also give my consent that in case that I may not be reached, my son/daughter may receive further medical care at a doctor's office, hospital, acute care clinic or emergency department. The emergency contacts listed above, have my permission to transport my son/daughter and to give consent or refuse treatment for him/her until I can be reached.

As in all active sports, there are risks and hazards, accidents may occur. Therefore, I recognize swimming/water polo is a rigorous sport and accept the risks inherent in the activity. I (we) agree to Release, Hold Harmless and Indemnify Somerset Recreation Club Inc., and it employees, volunteers and officers from all claims, liabilities or costs, which arise out of participation in this program.

Date: _____

Parent or Guardian Signature

Please Print Name