

**2010 Water Works Swim Club  
Registration & Emergency Medical Authorization Form**

New Swimmer  
Referred by: \_\_\_\_\_  
 Returning Swimmer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age (as of June 1): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle): Male Female

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

**Parent/Guardian Information**

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_ Secondary E-Mail: \_\_\_\_\_

**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**

- Summer \$135 Membership Fee (1<sup>st</sup> swimmer)
- Summer \$125 Family Discount Fee (2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> swimmer)
- Summer \$50 CFYN Long Course Discount Fee

Total Received: \_\_\_\_\_

Check Number or Cash: \_\_\_\_\_

Received By: \_\_\_\_\_

Swimmer has been Swim Tested:

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