CONNELL PIRANHA SWIM TEAM

PARTICIPANT REGISTRATION FORM

Participant_____ Male/Female_____

Age as of June 11th: _____Date of Birth: _____

Parent/Guardian:_____

MailingAddress_____

PhysicalAddress_____

Home/Cell Phone: _____email address_____

Insurance Information:

Carrier_____Policy # _____Phone number_____

If the parent/guardian listed above cannot be reached in case of an emergency, please contact the following person:

Name:_____

Address:_____

Home Phone:_____ Work Phone:_____

Relationship:_____

List any information (medical problems, allergies, etc.) that we should know about the participant:_____

_____

Medical Release and Liability Waiver: I hereby authorize and give my swimmer(s) permission to fully participate in the Connell Swim Team. I understand that my child(ren) is/are engaging in an activity that involves risk of serious injury. I agree that my child(ren) swim at their own risk and therefore agree to hold harmless, indemnify, and release the City of Connell and Connell Swim Team Coaches from any and all liability for damage and/or injury incurred as a result of participation in the Swim Program, including all scheduled activities as well as transportation to and from the activities.

I also authorize the Coach or a team representative to have my child(ren) treated in any medical emergency during their participation in any Connell Swim Team practice or event should the coach/team representative be unable to reach the provided emergency contacts in a timely manner as deemed necessary by attending medical personnel. Further, I agree to be financially responsible for the costs of such treatment.

Parent/Guardian Signature_____Date_____

REGISTRATION FEE: $45 per child (make checks payable to Connell Swim Team)

For more information contact: Andrea @ 509-990-0606 or andreashawver@gmail.com