

PLEASE COMPLETE AND DROP OFF IN THE OFFICE OR BRING TO YOUR FIRST PRACTICE **SWIMMER REGISTRATION**

This form must be signed and returned to swim team staff prior to a swimmer entering the water

SWIMMER'S NAME                      SEX    AGE AS OF 7/1/23    DATE OF BIRTH

\_\_\_\_\_

If you have multiple swimmers, each needs a separate form this year.

PARENTS/GUARDIANS NAMES \_\_\_\_\_

WLE ADDRESS \_\_\_\_\_

PHONE NUMBER (where you can be reached during practice or meet): \_\_\_\_\_

CELL PHONE FOR TEXTS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Do you have insurance? Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

PLEASE NOTE ANY MEDICAL CONDITIONS THAT THE COACHES NEED TO BE AWARE OF: (i.e. asthma, diabetes, epilepsy)

\_\_\_\_\_

EMERGENCY CONTACT PERSON AND PHONE# (OTHER THAN PARENTS/GUARDIANS)

\_\_\_\_\_

Initial the statements below.

If my child is not feeling well, I will not send them to practice. \_\_\_\_\_

If a child says they do not feel well at any point during practice or a meet, they will be sent home. \_\_\_\_\_

Swimmers are not allowed to share goggles or other personal equipment this season. \_\_\_\_\_

I DO HEREBY RELEASE WLE AND ALL OTHERS FROM ANY AND ALL CLAIMS RESULTING FROM THIS ACTIVITY.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_