

Registration and Permission Slip for Summer Swim Team Clinic – 2010

It is important that this **completed form be returned at or before the first practice in which your child participates.** Thank you for your cooperation.

Student's name _____ Age _____ Birth Date _____

Parents/Guardians _____

Home Address _____ Phone _____
Street City Zip

Cell Phone (mom) _____ Cell Phone (dad) _____

Secondary Address _____ Phone _____
Street City Zip

I hereby give permission for my child _____ to participate in the summer swim team clinic activities throughout the summer of 2010.

I give my permission to photograph or video my child's participation in the summer swim team clinic activities and for that media to be published.

I also give my permission for him/her to receive emergency medical treatment, and guarantee payment therefore, in the event that I cannot be reached and such treatment is deemed necessary.

Every attempt will be made to reach parents in an emergency. If that is not possible, who should be contacted?

Name _____ Phone _____

Student's Primary

Physician _____ Phone _____

Ins. Company Name _____ Policy # _____

Parent's Signature

Date