

Seymour Community Swim Club Registration Information

Club Participants Name: _____ Middle Initial _____

Address: _____

Date of Birth: _____

Parent/Guardian Name: _____

Address (if different): _____

Phone Number: _____ E-mail address: _____

Emergency Contact/Phone Number _____

The Seymour Community Swim Club participates in swim meets hosted by other swim clubs. I understand the registered adult in charge of these swim meets is Sarah Tracy and/or Kristi Carr.

As a participant, my child is responsible for arriving on time, with appropriate equipment (to include swimsuit, towel, goggles and swim cap) and prepared to participate in the event (practice/meets/or other club activities.)

I give permission for my son/daughter _____ to participate with the Seymour Community Swim club in these swim meets/ club related activities. I acknowledge that my son/daughter may be transported to and back from these events. I acknowledge and accept that the Seymour Community Swim Club does not maintain an insurance policy at this time and as such, the club and any volunteers are not liable for any claims incurred as a result of injury sustained while participating in these events, including, but not limited to, travel to and from the events.

Parent/Guardian signature _____ Date: _____.

I give permission for any photographs taken of my child, while participating in practice or competition, to be used by the Seymour Community Swim Club, including use on the club website.

Parent/Guardian signature _____ Date: _____.

Dues: Full Year (Winter and Summer Seasons) \$160

Winter Season Only: \$120

Summer Season Only: \$95

Returning Members: -\$10

Second Swimmer in Family: -\$10

-----FOR CLUB USE ONLY -----

Returning Member : Yes No Second Swimmer in Family : Yes No

2011-12 Dues Paid: Yes \$ _____ Remarks _____

Cash

Check Number _____

Seymour Community Swim Club Registration Information

Participant Information

First Name _____

Middle Initial _____

Last Name _____

Date of Birth ___ / ___ / ___ Sex _____.

Primary Contact

Father's Last Name _____ First Name _____

Mother's Last Name _____ First Name _____

Mailing Address _____

Mailing Address _____

City _____ State WI

Postal Code _____

Home Phone _____ Cell _____ Fax _____

E-Mail Address _____

Mailing Address if different From Above _____

Secondary Contact

Last Name _____ First Name _____

Mailing Address _____

Mailing Address _____

City _____ State WI

Postal Code _____

Home Phone _____ Cell _____ Fax _____

E-Mail Address _____

Seymour Community Swim Club Registration Information

Emergency Information

Doctor's Name _____

Doctor's Phone _____

Emergency Contact _____

Emergency Contact Phone _____

Medical Condition (s)

1. _____

2. _____

3. _____

Medication (s)

1. _____

2. _____

3. _____