

REGISTRATION FORM SEA LIONS SWIM TEAM 2022



NAME OF SWIMMER	(FIRST) _____ (LAST) _____	GENDER	(MALE OR FEMALE)
	ADDRESS		AGE
	(STREET) _____		
	(CITY) _____ (STATE) _____ (ZIP) _____	BIRTHDATE	MONTH - DAY - YEAR
EMAIL ADDRESS	_____	SWIMMING YEARS EXPERIENCE	_____
PARENT/ GUARDIAN	(FIRST) _____ (LAST) _____	PHONE NUMBER	_____
PARENT/ GUARDIAN	(FIRST) _____ (LAST) _____	PHONE NUMBER	_____

DOES SWIMMER HAVE ANY DISABILITIES, INJURIES, MEDICAL CONDITIONS, OR MEDICATIONS? NO YES
 IF YES, PLEASE EXPLAIN:

I WOULD LIKE TO PARENT VOLUNTEER: (Circle all that apply)

Concessions Pool Maintenance Lifeguard Meet Timer/Helper Announcing Other: _____

ARE YOU FIRST AID, CPR CERTIFIED OR HAVE OTHER MEDICAL TRAINING? No Yes, _____

SWIMMER'S T-SHIRT Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large Adult 2X

Acknowledgement and consent:

I, the parent or legal guardian of the above named swimmer, hereby give my approval for his/her participation including transportation to and from the activities for the Sea Lions Swim Team. I acknowledge that the events will be a play at your own risk. Thereby no medical insurance is expressed for participant. I hereby release, discharge, or hold harmless any participants, employees, owners, or volunteers from claims arising out of playing or practicing for an event. In case of emergency, I hereby authorize my child to be treated and/or transported by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician) I give my consent for participant to be photographed and named in the publications.

(SIGNATURE)

(DATE)

TEAM USE ONLY:

Registration Fee: Payable to Sea Lions Swim Team

\$60 x _____ = _____

Cash or Check # _____