

# REGISTRATION FORM SEA LIONS SWIM TEAM 2021



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

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

**SWIM SUIT** 24 26 28 30 32 34 36 38 40

PURCHASE or TEAM LOANER or HAS LAST YEAR'S

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

Payable to Sea Lions Swim Team

\$45 x \_\_\_\_ = \_\_\_\_

Swimsuits: \$33 x \_\_\_\_ = \_\_\_\_

Total = \_\_\_\_

Cash or Check # \_\_\_\_