

CUMMING WAVES SWIM TEAM REGISTRATION 2011

(Please mail to: Cumming Waves Swim Team P.O. Box 1373, Cumming, Georgia 30028 before April 15, 2011)

Last Name: _____

First Name: _____ Middle: _____

Name called: _____ Sex: _____ DOB: _____

Age (As of 6/1/2011): _____ Primary Cell: _____

E-Mail: _____

Fathers Name: _____ Mothers Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ OtherPhone: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Physician: _____ Phone: _____

Insurance Co. _____ policy # _____

Illnesses _____ **Allergies:** _____ **Disabilities:** _____

In consideration of the benefits flowing to the Participant as a result of competitive swimming program, the undersigned hereby waives, releases and forever discharges the Cumming Waves Swim Team and its officials, employees and agents from any and all claims, demands, damages, actions, causes of action or suits of whatsoever kind or nature including, without limitation, property damage or bodily injury suffered by the undersigned as a result of or in connection with the competitive swimming program, including, without limitations, any travel associated there within. Being fully aware of the risk of bodily injury, the undersigned does further agree that the Participant assumes the risk of any danger involved in the competitive swimming program. Being desirous of arranging for medical care and treatment of our minor child during his/her participation in the competitive swimming program, I do hereby authorize the Cumming Waves Swim Team to act in the following matters in behalf, place and stead:

- (a) To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health or medical facility; by any medical doctor, osteopath, nurse, surgeon or any other practitioner of a healing art;
- (b) To do any other thing or perform other act, not limited to the foregoing, which undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the Cumming Waves Swim Team, its officials, employees and agents authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. This medical authorization shall remain in effect for the period of one year from the date given below.

SIGNATURE (if participant is under 18 years of age Signature of Parent / Legal Guardian)

_____ Date: _____

PLEASE PRINT SIGNATURE ABOVE

Relationship to Participant

PLEASE MAKE CHECKS OUT TO: **CUMMING WAVES SWIM TEAM**

REGISTRATION FEE: \$ _____)

TOTAL AMOUNT PAID _____ CASH / CHECK # _____

Meet Commitment Fee: **\$25** (Separate Check) # _____

Refund Policy In order to receive a partial refund of registration fee the participant must inform the Cumming Waves Swim Team of the withdrawal prior to **June 1, 2011**. This partial refund only applies to registration fees.