

Cumming Waves Swim Team Registration 2008 (new swimmer)

Cumming Waves Swim Team P.O. Box 1373, Cumming, GA 30028

(Please Print Clearly)

NAME OF PARTICIPANT: Last _____ MI. _____ First _____ HOME # _____
ADDRESS _____ WORK # _____
CITY _____ STATE _____ ZIP _____ SWIMSUIT SIZE _____
BIRTHDATE _____ AGE (As of 6/1/2008) _____ SEX _____ YM YL AS AM AL AXL
(T-Shirt Size)

MOTHER'S NAME _____ HOME # _____ WORK # _____

FATHER'S NAME _____ HOME # _____ WORK # _____

E-MAIL ADDRESS _____ CELL PHONE # _____

EMERGENCY CONTACT OTHER THAN PARENT _____ RELATION _____ PHONE _____

PARTICIPANT'S DOCTOR _____ PHONE _____

INSURANCE COMPANY _____ POLICY NUMBER _____

ILLNESSES _____ ALLERGIES _____

PHYSICAL DISABILITIES OR PROBLEMS _____

I am interested in doing volunteer work for the Cumming Waves Swim Team _____

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: \$140 _____

(\$130 each additional swimmer)

ADDITIONAL T-SHIRTS: \$10 each _____

(Parents & siblings)

TOTAL AMOUNT PAID _____

YM YL AS AM AL AXL
(Extra T-Shirt Size)

CASH / CHECK # _____

Meet Commitment Fee: \$25 (separate check) _____

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 May 22, 2008. This partial refund only applies to the registration fees.