



Registration is \$110 which includes a team swim cap and shirt. There is a \$10 discount for each additional child in the same family. No previous experience is required, but children 8 years old and under will be evaluated to make sure they can swim.

SWIMMER'S NAME: _____

BIRTH DATE (mm/dd/yyyy): ____/____/____ AGE: ____ GENDER (M/F): ____

PARENT'S NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

<u>SWIMMING ABILITY</u>	
___	BEGINNER
___	INTERMEDIATE
___	ADVANCED

EMERGENCY CONTACT INFORMATION

NAME: _____

NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

PHONE: _____

PHONE: _____

1. Is your child currently under a physician's care:
2. Does your child take medication?
3. Does your child have any known allergies and/or allergic reactions?

If any of the three questions above were answered YES, please explain below:

SWIM SUIT SIZE: _____

T-SHIRT SIZE: _____

By signing this document, I acknowledge that I have read and understand this entire document. I also give my permission for my child _____ to participate in authorized team events and practices under the supervision of the swim team staff. I also understand it is my responsibility for providing or obtaining transportation to and from swim events for my child. I give my permission for swim team staff to use any and all necessary medical treatments in the event I cannot be contacted, including transportation to the local emergency room. By signing this document, I agree to hold harmless the Swim Team staff, all City of Bay Minette employees, representatives, and/or its agents from any and all responsibility and liability of any nature resulting from my child's participation in any swim team activities.

Parent or Guardian Signature

Date

PARENT T-SHIRT (\$15): SIZE _____ SIZE _____ AMOUNT PAID: _____