

DOLPHIN'S SWIM TEAM
Registration & Medical Release Form

We require the following information on file for each swimmer. Please complete and return to Team Parent. Thank you for your cooperation.

Swimmer's Name: _____ Date of Birth: _____

Swimmer's Age: _____ T-Shirt Size _____ Email: _____

Swimmer's Address: _____ Zip: _____
(If more than one, list primary address where swimmer lives, or where we should send correspondence, etc...)

Mother's Name: _____ Father's Name: _____

Mother's Home Phone: _____ Father's Home Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's email address: _____ Father's email address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact's Primary Phone#: _____ Secondary phone#: _____
(please specify: Home Cell Work) (Please specify: Home Cell Work)

Doctor's Name: _____ Doctor's Phone#: _____ Preferred Hospital: _____

Insurance Carrier: _____ Insurance Plan ID#: _____

Please initial each statement and sign below:

_____ I hereby authorize a Dolphins Swim Team representative to take my child to the aforementioned physician or facility for medical treatment in the event of an emergency in which neither the parent or legal guardian or emergency contact can be reached. I also authorize any licensed physician or medical treatment center to treat my child in case of an emergency if the aforementioned physician is not available.

_____ I hereby grant permission to the Dolphins Swim Team to use photos of my child in the Dolphin Newsletter or other similar publication without anticipation of remuneration or compensation.

_____ I hereby authorize a Dolphins Swim Team representative or volunteer swim team parent to transport my child to and from swim team events.

_____ I hereby waive, release, absolve, indemnify and agree to hold harmless Dolphin's Swim Team, its directors, officers, coaches, organizers, sponsors, supervision staff, participants and any other affiliates or persons transporting my child to and from activities; for, from and against all liability because of any bodily injury, personal injury or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities, whether the result of negligence or for any other cause of the Dolphin's Swim Team. I individually, and as a parent/guardian of my child, have read this release and understand all of its terms. I execute this release voluntarily and with full knowledge of its significance.

Signature: _____

Date: _____

