

2018 ST. CHARLES SWIM TEAM REGISTRATION

(Please Print)

Parents' Names: _____

Address: _____

Home Phone Number(s): _____

Cell Phone Number(s): _____

Email Addresses: _____

CHILD'S NAME: _____

FEE: \$25.00

AGE: _____ (as of June 1) GENDER: _____

T-Shirt size: _____

CHILD'S NAME: _____

FEE: \$25.00

AGE: _____ (as of June 1) GENDER: _____

T-Shirt size: _____

CHILD'S NAME: _____

FEE: \$25.00

AGE: _____ (as of June 1) GENDER: _____

T-Shirt size: _____

CHILD'S NAME: _____

FEE: \$25.00

AGE: _____ (as of June 1) GENDER: _____

T-Shirt size: _____

TOTAL FEE DUE: \$ _____

Date Paid: _____ Cash: _____ Check No. _____

_____ **Please indicate if you can help.** Volunteers are needed for managing the team paperwork, home meets, practices and the team party.

Areas interested in: _____

Please include each child's swimming experience, if any, including strokes your child can swim; i.e. freestyle, breaststroke, backstroke and butterfly on the back of this form. This information will help us in coaching.

EMERGENCY WAIVER/RELEASE STATEMENT:

I agree to assume full risk and to waive, relinquish, and release all claims I and /or the participant may have against; indemnify, hold harmless, and defend the St. Charles Community Association. This includes as well its officers, agents, servants and employees from any such claim resulting from injury damages, or loss sustained on account of participation in any St. Charles Community Association Swim Team event. I understand that I am responsible for all personal medical insurance, and the participant's family must cover any medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached.

Signature _____

Date _____