

MARION SWIM TEAM REGISTRATION FORM

Swimmer: _____ Birthdate ____/____/____ Age _____
Name/s (First) (Middle) (Last)

Swimmer: _____ Birthdate ____/____/____ Age _____
Name/s (First) (Middle) (Last)

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Name/s (First) (Middle) (Last)

Swimmer: _____ Birthdate ____/____/____ Age _____
Name/s (First) (Middle) (Last)

Preferred form of communication

Parent/Guardian Name: _____ Address: _____

Phone Numbers: _____ / _____ / _____ Email: _____
Primary # (Home) (Work) (Cell)

_____ / _____ / _____
Alternate # (Home) (Work) (Cell)

Are there any medical conditions (such as asthma) the coaches should be aware of concerning your child and/ or children? Please explain: _____

TO WHOM IT MAY CONCERN: In the event that the above-named swimmer is taken to an emergency room or medical facility and in need of treatment in my absence from attendance at practices, meets, events, or activities, this swimmer's coach or any employee of the City of Marion Parks & Recreation has my consent to authorize treatment for this player by the doctor(s) of their choosing as the doctor(s) may deem necessary. I, the undersigned, do hereby acknowledge that I have given the above named swimmer(s) permission to participate in the above named Marion Swim Team with full knowledge of the risk involved. I hereby agree to assume those risks and will not hold the City of Marion, USD 408, team sponsors, coaches, and all representatives liable for any injury, harm or complications resulting from said participation in this program. Furthermore, I do assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above-named swimmer while participating with the Marion Swim Team.

Parent/Guardian Signature:

_____ Date: _____

Please return completed registration form and \$30.00 registration fee per swimmer to Marion Parks & Rec by **May 18th**. Make checks payable to: City of Marion. You may drop forms and fees by the Marion Parks & Rec Office or the City of Marion Office.

Thank You!!