

**Seahorse Swim Team
Winter 2011-12
Registration Form**

Swimmer's Name _____ Date of Birth _____

Male _____ Female _____ Age (as of 12/01/11) _____

Parents names _____

Phone _____ Cell Phone _____

Address _____
City State Zip Code

E-mail address _____

Treatment and Release Form

In allowing my child to swim for the Seahorse Swim Team, I release and hold harmless the South Western School District, Seahorse Swim Team coaches, volunteers, officers, and parent workers of any and all liability while my child participates in practices, meets, or any other activity associated with the Seahorse Swim Team.

I also give my permission to have my son/daughter treated by a physician or hospital in the event I am unable to be reached at the time treatment would be needed while participating with the Seahorse Swim Team.

Family Physician _____ Phone _____

Emergency Phone _____ Number _____

List person _____

My child is on the following medication _____

My child is allergic to _____

Parent's signature _____ Date _____

This form must be returned before the first practice. Swimmers will not be permitted to practice without a completed form.