



Individual Registration Form

Swimmer's Name _____

Swimmer's Name to be shown on Trophy _____

Gender: _____ Date of Birth: _____ Age as of June 1: _____

Previous Swim Team Experience: Yes _____ No _____ If Yes, Team (s): _____

Previous Swim Lessons: Yes _____ No _____

If Yes, Where/Level Completed _____

My swimmer who is 8 years or < can swim 1 length of pool: Yes _____ No _____

My swimmer who is 9 years or > can swim 2 lengths of the pool: Yes _____ No _____

Telephone Number to Call Where Parent/ Guardian Can Be Reached During Practice: _____

Telephone Number to Call for Cancelled Practices: _____

In Case of an Emergency, Who should be contacted if Parent / Guardian cannot be reached:

Name: _____ Relation: _____ Telephone: _____

Name: _____ Relation: _____ Telephone: _____

In the event of an emergency, if you cannot be reached, and in the judgment of the coaches or their representatives, hospital attention is necessary, do you authorize action to secure medical aid and/or ambulance service?

Yes _____ (or) No _____ Parent / Guardian Signature _____ Date _____

Any special health conditions? _____

Medications (please list) _____

Contacts: Yes _____ No _____ Dental Appliances: Yes _____ No _____

Allergies to Bees/Wasps/ or any other insect which may be life threatening? Yes _____ No _____

If yes, list, please specify _____

Any previous surgeries or injuries which may be of significance? If so, please explain:

Waiver of Liability

The undersigned parent(s)/guardian of _____, a minor, in consideration of his or her participation in the Trails Swim Team, do hereby jointly and severally indemnify and save harmless said Trails Swim Team, a not-for-profit association, its agents, directors, officers, volunteers, members, employees, the village of Algonquin and any of them to the extent of their involvement in the program, of and from any and all claims, demands, judgments and other liabilities and from all bodily injury, personal injury, or other damages which they said child may hereafter sustain while said child is participating in said program of observing said program wherever carried on, and we (parent(s) or guardian) jointly and severally agree to satisfy in full any judgment costs, fees and expenses which may be sustained by anyone or more of said Trails Swim Team association, its agents, directors, officers, volunteers, members or employees to the extent of the involvement in the program as a result thereof.

Parent/Guardian Signature _____ Date _____