

OLNEY TIGERSHARKS SWIM TEAM - SUMMER 2024 REGISTRATION AND EMERGENCY FORM

SWIMMER Information:

#1 LastName_____ FirstName_____ Middle_____ Birthdate_____ Age (as of 6/1/24)_____ Gender M F

#2 LastName_____ FirstName_____ Middle_____ Birthdate_____ Age (as of 6/1/24)_____ Gender M F

#3 LastName_____ FirstName_____ Middle_____ Birthdate_____ Age (as of 6/1/24)_____ Gender M F

Contact Information:

Parent/Guardian Name: _____ Address _____ City _____ State _____ Zip _____ Phone # _____

E-MAIL ADDRESS: _____

Emergency Contact:

Name _____ Relationship _____ Phone # _____

Known chronic illness or allergies: _____ Medication(s) _____

I hereby give my consent for _____ to participate in Olney Swim Team activities. It is understood by the parents/guardians that the Swim Team officers, officials, and coaches will not be accountable or liable in case of accident or injury. If the parents or emergency contact, named above, cannot be reached in event of an emergency, and if immediate observation or treatment is urgent, do you authorize and direct Olney Swim Team authorities to accompany your child to the hospital or doctor most easily accessible? Yes _____ No _____

I also give consent for my child's photo to be used on Olney Tigershark sponsored social media sites (FaceBook/website). Yes _____ No _____

Parent/Guardian Signature _____ **Date** _____

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\$40 Fee Per Swimmer Cash \$ _____ Check # _____ Amount \$ _____