

# OLNEY TIGERSHARKS SWIM TEAM - SUMMER 2019 REGISTRATION AND EMERGENCY FORM

**SWIMMER Information:**

#1 LastName\_\_\_\_\_ FirstName\_\_\_\_\_ Middle\_\_\_\_\_ Birthdate\_\_\_\_\_ Age (as of 6/1/19)\_\_\_\_\_ Gender M F

#2 LastName\_\_\_\_\_ FirstName\_\_\_\_\_ Middle\_\_\_\_\_ Birthdate\_\_\_\_\_ Age (as of 6/1/19)\_\_\_\_\_ Gender M F

#3 LastName\_\_\_\_\_ FirstName\_\_\_\_\_ Middle\_\_\_\_\_ Birthdate\_\_\_\_\_ Age (as of 6/1/19)\_\_\_\_\_ 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 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 \$ \_\_\_\_\_