

Albertville Gators



Registration and Release Form

Swimmers Name: _____ **T-shirt size:** YS YM YL
AS AM AL AXL

Date of Birth: ____/____/____ **Age as of June 1, 2018** _____

Mothers Name:

Address:

City: _____ State: _____ Zip: _____

Mothers Home Phone: _____ Cell: _____ Work: _____

Check if text capable

E-mail Address:

Fathers Name:

Address:

City: _____ State: _____ Zip: _____

Fathers Home Phone: _____ Cell: _____ Work: _____

Check if text capable

E-mail Address:

Emergency contact person's name and phone different from above person

Name: _____ Phone: _____

Fees

Fees include registration, team shirt, end of season award, and district fees.

1-swimmer - \$75 \$35.00 each additional swimmer

Registration fees are NON-REFUNDABLE.

(office use only – please don't write below this line)

Total Paid \$ _____ Check number/ cash _____

Date / /

Birth Certificate Received/on file? _____

Parental Authorization and Release

I, Parent or legal guardian of the named candidate for a position in the mentioned swimming program hereby give approval to his/her participation in any and all swim related activities during the current season. I assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from the activities; and do hereby waive, release, absolve, indemnity and agree to hold harmless the parent or local organization, the organizers, sponsors, supervisors, participants and persons transporting the boy/girl to and from activities for a claim arising out of an injury to the boy/girl, except to the extent an in the amount covered by accident and /or liability insurance held by the local organization.

I also grant permission to managing personnel or other organization representatives to authorize and obtain medical care from and licensed physician, hospital, or medical clinic should the boy/girl become ill or injured while participating in any swim related activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

I agree to and will furnish a copy of a certified birth certificate of the above named boy/girl no later than three days prior to the first swim meet.

Signature of Parent or guardian

Relationship

Date



Parents:

Welcome to the Albertville Swim Team!

Please come to the parent meeting **Monday, April 30th at the Albertville Rec. Center at 6:00 in the gym.** You will meet the coaches and swim team board, as well as receive important dates and an Albertville Swim Team parent handbook.

Thank you