

## Manheim Summer Swim Team 2019 Registration Form

SWIMMER'S NAMES	Birthdate	Age as of June 1	M/F	Fee
<b>Total Swimmer Fees</b>				
<b>Total Registration Amount Due</b>				

**Parent/Guardian Contact Info. (Please Print Clearly)**

Mother's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Address \_\_\_\_\_

E-mail address(es) (for team communications) \_\_\_\_\_

Emergency Contact (other than listed above) \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

**Any Medical Concerns/allergies? (Asthma, etc.)** \_\_\_\_\_

**LIABILITY:** I hereby give permission for the above stated swimmer(s) to participate on the Manheim Summer Swim Team program. In consideration of your acceptance of my enrollment, I the swimmer, and we, the parents, individually and collectively, intending to be legally bound, hereby for ourselves and heirs, executors and administrator, waive and release the Manheim Summer Swim Team, their agents and representatives, from any and all claims or rights to damages for injuries or losses suffered by me, the swimmer, directly or indirectly in training for, or traveling to or from, or competing in or while attending future Manheim summer Swim Team functions. I consent for medical treatment for my child (children) in the event of an emergency.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography Discloser:** Consent is needed for the team to take and use the images in public locations such as our website, facebook page, and team events. Signing below gives consent for the team to utilize the images.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL CONSENT:** In case of medical emergency, I understand every effort will be made to notify emergency contacts for my child(ren). In the event no one can be reached, I hereby give said permission to the Manheim Summer Swim Team board of officers and coaches to secure proper treatment for, hospitalize, and to order injection or anesthesia or surgery for my child.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Provider \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**REGISTRATION FEE: \$90 for first swimmer and \$50 each additional swimmer.** Make checks payable to the **Manheim Swim Team.**

**Due to liability issues, all registrations must be paid in full prior to the first practice.** No swimmer will be allowed in the water without a paid registration. If your child decides not to swim, a refund in full will be given prior to Friday, June 7, 2019. After this date no registration refunds will be given. Swim suit and clothing orders are non-refundable. If you are unable to attend registration, mail your form and check to: **Manheim Summer Swim Team, 16 Frederick Circle, Manheim, PA 17545. Registration closes Saturday, June 1st, 2019.**

**TEAM USE ONLY**

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount of Reg. \$ \_\_\_\_\_ Total Due \_\_\_\_\_