

ELKHORN PENGUIN SWIM TEAM REGISTRATION – MEDICAL FORM

\$100.00 per session (\$10 discount for each additional family member). **Refund Policy: Full refund FOR NEW SWIMMERS ONLY during 1st week of session; medical refunds during first 3 weeks (with note from doctor) in form of prorated credit toward future session. Make checks payable to: Elkhorn Penguins.**

Swimmer's Name: _____
Last First M.I.

Address: _____

Date of Birth: ____/____/____ AGE: ____ M/F
Month Day Year Circle One

Parent/Guardian: _____
Last First M.I.

Address: _____

Phone: (____) _____

E-Mail Address: _____

Second Family Information: (if applicable)

Name: _____
Last First M.I.

Address: _____

Phone: (____) _____

EMERGENCY INFORMATION:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Emergency Contact Person: _____
Phone: () _____ Relationship: _____

Does your child have any medical/health problems? Yes / No
If yes, please list: _____
Will your child need to take any medication during the activities? Yes / No
If yes, please notify the coach.

If I cannot be reached, I authorize the coaching staff of the Elkhorn Penguin Swim Team to contact the individual listed above. If any emergency exists and I cannot be reached immediately, I hereby authorize the coaching staff to call and or request treatment by my family physician, dentist or the emergency room physician.

MEDICAL WAIVER: I am aware that any participation with the Elkhorn Penguin Swim Team can pose the risk of injury, and that participation may expose my child to that risk. I affirm that my child is medically qualified to participate and I will instruct my child to follow the coach's instructions regarding techniques, training and other rules.

I further agree to release, indemnify and hold harmless the Elkhorn Penguin Swim Team, its executive board, elected officers, coaches, staff and representatives from any and all liability for any and all claims, demands, damages, costs, causes of action and expenses, including, but not limited to, reasonable attorney's fees, arising from my child's participation in any activities. This release and assumption of risk runs to my successors, assigns, heirs, administrators, executors, and any and all family members of my family.

Parent/Guardian: _____ Date: _____ Fall Session
Parent/Guardian: _____ Date: _____ Winter Session
Parent/Guardian: _____ Date: _____ Summer Session

Fall Session	Paid _____	Check # _____	Age Group _____
Winter Session	Paid _____	Check # _____	Age Group _____
Summer Session	Paid _____	Check # _____	Age Group _____

I am aware of the new registration fee and refund policy that takes effect January 1, 2007.

Parent/Guardian: _____ Date: _____

There is a section in the bylaws of the Elkhorn Penguin Swim Team that addresses the responsibilities of the members of the swim team. That section states: ***Members shall be expected to participate in those activities necessary for the support of the team.***

With that in mind, there are a number of volunteer opportunities available to help support the team, most of them relating to our home swim meets.

Please check in which capacity you would be willing to serve; either donating your time, items for concessions or, if you prefer, a cash donation of at least \$5.00 towards concessions purchases.