Northern Lights Swim Club
Sabres Stroke School
Registration Form

Mail to:	Office Use Only (fee is $160)
P.O. Box 230743	Inc. $70 USA Swimming reg.
Anchorage, AK 99523	Check#: _____ Cash: ____

January 11th-March 3rd, ***Mon&Wed***, 5-6p, UAA Pool **or** January 12th-March 4th, ***Tues&Thur***, 4:30-5:30p; UAA Pool

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

Date of Birth: _____ (mm/dd/yyyy) Male Female (circle one)

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Primary E-mail: _____

Parent/Guardian Name(s): _____ (Mother) _____ (Father)

Work Phone: _____ _____

Cell Phone: _____ _____

Email: _____ _____

Emergency Contact: _____ (Name) _____ (Relationship)

Work Phone: _____

Cell Phone: _____

Email: _____

EMERGENCY MEDICAL INFORMATION: I/(We), _____, the legal parent(s)/guardian(s) of swimmer, _____ hereby consent to any medical treatment as may be necessary for the welfare of the above named child in the event of injury during practice, in-town swim meets or organized club activities. Whenever possible, an effort will be made to contact the parent or the other contact listed prior to any medical treatment.

Insurance Company: _____ Policy/Group #: _____

Name of Insured: _____ SSN of insured: _____

Physician's Name: _____ Phone Number: _____

List any allergies: _____

(include medications, foods, animals, etc) _____

List all current medications: _____

_____

_____
Parent/Guardian Signature Date

RELEASE FROM LIABILITY: I/(We), hereby waive and agree to release Northern Lights Swim Club and its coaches from all responsibilities for any claim arising from injury, or out of such medical treatment to my child during practice, swim meets or organized club activities.

_____
Parent/Guardian Signature Date