



Sylvania Tsunami Swim Club Registration 2009/2010 Short Course Season

Swimmer Information (one child per form)

Legal First Name: _____ MI. _____ Last Name: _____
Preferred First Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Training Group: _____
Date of Birth (mo/day/yr): _____ Age: _____ Gender: _____

Swimmer's Background

1st Time Member of Tsunami: Yes No If no, what previous training group _____
Other USA Swimming Team: _____ Summer Swim Team: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State _____ Zip: _____ Work Phone: _____
Email: _____

Medical/Emergency Information

This Medical and insurance form must be completed to allow your child's participation in the Sylvania Swim Club
In Case of Emergency Contact: _____ Phone Number: _____
Alt Emergency Contact: _____ Phone Number: _____
Any Medical concerns/Allergies/Medications: _____
Name of Insurance Company: _____ Policy #: _____
Policy Holders Name: _____ Relationship to Swimmer: _____

I certify that the information above is accurate and complete, and that this swimmer is in good health and has no condition that would cause harm by swimming. If Club staff (Coaches) determine that medical attention is required and the parent / guardian or emergency contacts can not be reached in sufficient time in the judgment of the staff, we hereby give the staff permission to seek medical treatment on our behalf and release the Sylvania Tsunami Swim Club, its staff and volunteers from liability for such treatment. I, the undersigned parent/guardian of said applicant swimmer, agree that the information provided in this application is accurate and true. I agree to pay all swim club dues, entry fees and USA swim membership fee. The swimmer and parent will follow the club policies, codes of conduct and terms and conditions of participation even if we have not read them. I indemnify and hold harmless the Sylvania Tsunami Swim Club, the coaching staff and Sylvania Schools from any claims for personal illness and injury that my child/swimmer may sustain during practice, swim meet or other swim club sponsored event.

Parent/Guardian Signature: _____ **Date:** _____

Payment must be included with registration.
Send completed form & payment to:
Sylvania Swim Club PO Box 268 Sylvania, Ohio 43560

Current Swimmer Deadline: September 4, 2009
New Swimmer Tryouts & Registration: September 9/10, 2009