

Cheshire Forest Flying Fish Swim Team

Registration Form 2016 Season

\$100 Per Swimmer

Parents Name: _____

Address: _____

Telephone: Home: _____ Cell: _____

Parents Email Address: _____

- Check if you would like to receive text messages about practice cancellations, etc.
- Check if you are a NEW flying fish family!

Swimmers Name	DOB	Age as of 6/15/15	Male/Female	T shirt size

I understand & agree to the following in order for my child(ren) to participate on the Cheshire Forest Flying Fish swim team:

1. Swimmer must be a Cheshire Forest resident in order to participate on the swim team.
2. Swimmer must be able to swim the length of the pool unassisted.
3. **At least one parent must volunteer at every meet.**
4. Swimmer must have a current team suit, which is to be worn at all meets.
5. Swimmers must participate in at least 1 meet in order to continue with the team.
6. Insurance: Cheshire Forest HOA and the Cheshire Forest Swim Team does not provide or offer Accident Insurance for the swim team. It is the parent's responsibility to secure insurance.
7. By signing this consent, parents are notified that the Cheshire Forest HOA, the Cheshire Forest Swim Team and its volunteers are not responsible in case of accident or injury while practicing or competing in a Swim Team event.
8. A minimum of 3 practices a week is required of each swimmer to qualify to swim in a swim meet. The coaches handle extenuating circumstances.
9. All swimmers must abide by all Cheshire Forest HOA pool rules and regulations.

Parent/Guardian signature

Date

Authorization for Medical Treatment

I, _____, am the parent/legal guardian of the above listed child(ren). In the event that my child(ren) has an injury or other condition which requires immediate attention and the staff are unable to contact me, I hereby grant permission for any persons listed below to authorize medical treatment for my child(ren), including transportation for such treatment if I am unable to be reached.

Name	Phone Number

Parent/Guardian Signature: _____ Date: _____

Check Out Form

Registrations _____ x \$100 = _____

Apparel total = _____

Swim Suit total = _____

Total Amount Due _____

Check # _____