



**Three Rivers Swim Club**

P.O.Box 1151

Rome, GA 30162-1151

trscswim@gmail.com

www.threeriversswimclub.org

## TRSC Registration Form

- Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Please circle the group you are registering for

Mini Session

Pre-Intermediates

Intermediates

Swimmer's Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*(last)* *(first)* *(middle)*

Gender (please circle): *M* *F* Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_

\*\*We send frequent communication through email. Please list a regularly checked email.\*\*

Father's (or Guardian's) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mother's (or Guardian's) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Significant medical history (allergies, injuries, surgeries, insect-allergies, diabetes, diseases, etc.)

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Medications currently being used: \_\_\_\_\_

Insurance coverage: Contact provider and number \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to contact in an emergency situation:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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To whom it may concern:

We hereby give full power of attorney to the Three Rivers Swim Club coaching staff or team chaperones to authorize and contact for such medical or dental care as is deemed necessary by a physician or dentist for our child named \_\_\_\_\_ . Any such authorization and contact shall be on our behalf and in our name and stead.

Parent's (legal guardian's) name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We the undersigned, do hereby consent to allow our child to participate in all activities of the Three Rivers Swim Club. We do hereby waive any and all claims against the Three Rivers Swim Club, Inc. staff, Board of Directors, coaches, sponsors, or volunteers for injury or disability that he/she may sustain while participating in team activities or in transit to or from team activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_