



2020 HEAD START

CYPRESS FAIRBANKS SWIM CLUB (CFSC) REGISTRATION FORM

Telephone: (281) 376-2372 * Mailing Address: 11659 Jones Rd. PMB #351, Houston, TX 77070
Street Address: 14654 Spring Cypress Road, Cypress, TX 77429

Last Name	Legal First Name	Middle Name	Birthdate mm/dd/yy	Sex M/F	Age	Preferred Name

Parent's Names:

(Father's First/Mother's First/ Parents Last)

Address:

(Number and Street)

(City and State)

(Zip Code)

Home Phone: _____ Father's Work # _____ Mother's Work # _____

Father's Cell # _____ Mother's Cell # _____

Email Address*:

***Address Family will receive important Fleet Information INCLUDING ANY SCHEDULE CHANGES.**



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CYPRESS FAIRBANKS SWIM CLUB MEDICAL FORM

Swimmer's Name

(Last)

(First)

(MI)

Family Physicians Name _____ Phone _____ Emergency Contact (other than parent) _____

_____ Phone _____

Health Insurance Provider _____ Policy # _____

Medical History (All information will remain confidential)

Taking Medication? _____ Allergies to Medication _____

Asthma? _____

Special Needs?

Has Child ever had a seizure? _____ Date of last known seizure _____

Under Physicians Care? _____ Recently Hospitalized? _____ Serious Injuries? _____

Has a Doctor ever recommended you not participate in competitive sports? _____

Have you ever blacked out or lost consciousness during physical activity? _____

If yes, please explain



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MEDICAL AUTHORIZATION AND RELEASE FORM

I certify that the above information is correct and consent to the participation of the above named swimmer in the Cypress Fairbanks Swim Club programs. I waive, release, absolve, indemnify and agree to hold harmless the Cypress Fairbanks Swim Club and its coaches, directors and supervisors for any claims arising out of injury to my child. I hereby grant permission for my child's coach or FLEET staff member, or responsible adult to administer basic first aid and to obtain medical care for my child in my absence. Furthermore, I hereby waive, release and forever discharge Cypress Fairbanks Swim Club and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Cypress Fairbanks Swim Club activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities. I grant to CFSC, the right to use my name, likeness, and image, in print, video or electronic media form, in promotional materials or any account or record of my participation in activities sponsored or promoted by CFSC.

Signature of Parent/Legal Guardian

Date



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Please list the name of each swimmer you are registering along with their age and the Head Start Pool you are signing them up for. The days and times for each pool are:

Fleet Indoor Pool (14654 Spring Cypress Rd)
Head Start 7:00 to 8:00 PM Mon & Wed
Head Start 7:00 to 8:00 PM Mon & Wed.

Spillane Middle School (13403 Woods-Spillane Rd)
Head Start 5:00 to 6:00 PM Mon, Wed, & Thurs
Head Start 6:00 to 7:00 PM Mon, Wed, & Thurs

Bridgeland High School (10707 Mason)
Head Start 6:00-7:00 Mon, Wed, & Thurs

Cost: \$115.00

Cost: \$175.00

Cost \$175.00

Swimmers must be 7 years of age by March 1, 2020 to participate in the Head Start programs. Six year-olds may be accepted upon completion of a Fleet coach supervised swim test, which can be scheduled by emailing: coachmaryanne@fleetswimming.com. Please bring a swimsuit and be ready to swim.

Swimmer(s) Name	Head Start Program <i>(Circle one, see times below)</i>	T Shirt Size YS, YM, YL, AS, AM, AL, AXL
	<p><i>Bridgeland High 6-7pm</i></p> <p><i>Spillane Middle School 5-6pm</i></p> <p><i>Fleet 7-8pm Mon/Wed –</i></p> <p><i>Ages 10 & Under Only</i></p> <p><i>Fleet 7-8pm Tues/Thurs –</i></p> <p><i>Ages 10 & Under Only</i></p>	
	<p><i>Bridgeland High 6-7pm</i></p> <p><i>Spillane Middle School 5-6pm</i></p> <p><i>Fleet 7-8pm Mon/Wed -</i></p> <p><i>Ages 10 & Under Only</i></p> <p><i>Fleet 7-8pm Tues/Thurs –</i></p> <p><i>Ages 10 & Under Only</i></p>	
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Fleet Office Use Only

Date Paid: _____
Amount Paid: _____
Check #: _____
Cash: _____

Credit Card: VISA / DISCOVER/ MASTERCARD – 3% fee for credit cards

Name on Card: _____
Card #: _____
Exp. Date: _____