

Center Grove Aquatic Club

Registration and Emergency Contact Form

Swimmer Information (list additional swimmers on back of form)

| | | | | | | | | | | |
|---------------------------------|--|------|-------------------|------------------------------|--|----|----|----|----|----------|
| Registration Type (Circle one): | | New | Renew | Shirt Size (circle one): | | YM | YL | AS | AM | AL |
| Legal First Name: | | | Full Middle Name: | | | | | | | |
| Last Name: | | | Preferred Name: | | | | | | | |
| DOB: | | | Male/Female: | | | | | | | |
| Street Address: | | | | | | | | | | |
| City: | | Zip: | | Training Group (circle one): | | S | PS | B | R | W Sharks |

Parent/Guardian Information

| | | | |
|---------------------------|--|----------------------|--|
| Father's/Guardian's Name: | | | |
| Father's Street Address: | | | |
| City: | | Zip: | |
| Father's Home Phone: | | Father's Cell Phone: | |
| Father's Work Phone: | | Father's Email: | |

| | | | |
|---------------------------|--|----------------------|--|
| Mother's/Guardian's Name: | | | |
| Mother's Street Address: | | | |
| City: | | Zip: | |
| Mother's Home Phone: | | Mother's Cell Phone: | |
| Mother's Work Phone: | | Mother's Email: | |

| | |
|---|--|
| Preferred login email for Club website: | |
|---|--|

Emergency Contacts (other than parents)

| | | | |
|---------------------|--|--------------------------|--|
| Name: | | Relationship: | |
| Home Phone: | | Cell Phone: | |
| Physician Name: | | Phone: | |
| Dentist Name: | | Phone: | |
| Choice of Hospital: | | | |
| Insurance Carrier: | | Insurance Carrier Phone: | |

Medical Release

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the Center Grove Aquatic Club to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge Center Grove Aquatic 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 Center Grove Aquatic 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.

Signature of parent/guardian: _____ Date: _____

Center Grove Aquatic Club Registration and Emergency Contact Form

Swimmer 2 Information

| | | | | | | | | | | |
|---------------------------------|-----|-------|--------------------------|------------------------------|----|----|----|----|---|--------|
| Registration Type (Circle one): | New | Renew | Shirt Size (circle one): | YM | YL | AS | AM | AL | | |
| Legal First Name: | | | Full Middle Name: | | | | | | | |
| Last Name: | | | Preferred Name: | | | | | | | |
| DOB: | | | Male/Female: | | | | | | | |
| Street Address (if different): | | | | | | | | | | |
| City: | | Zip: | | Training Group (circle one): | S | PS | B | R | W | Sharks |

Swimmer 3 Information

| | | | | | | | | | | |
|---------------------------------|-----|-------|--------------------------|------------------------------|----|----|----|----|---|--------|
| Registration Type (Circle one): | New | Renew | Shirt Size (circle one): | YM | YL | AS | AM | AL | | |
| Legal First Name: | | | Full Middle Name: | | | | | | | |
| Last Name: | | | Preferred Name: | | | | | | | |
| DOB: | | | Male/Female: | | | | | | | |
| Street Address (if different): | | | | | | | | | | |
| City: | | Zip: | | Training Group (circle one): | S | PS | B | R | W | Sharks |

Swimmer 4 Information

| | | | | | | | | | | |
|---------------------------------|-----|-------|--------------------------|------------------------------|----|----|----|----|---|--------|
| Registration Type (Circle one): | New | Renew | Shirt Size (circle one): | YM | YL | AS | AM | AL | | |
| Legal First Name: | | | Full Middle Name: | | | | | | | |
| Last Name: | | | Preferred Name: | | | | | | | |
| DOB: | | | Male/Female: | | | | | | | |
| Street Address (if different): | | | | | | | | | | |
| City: | | Zip: | | Training Group (circle one): | S | PS | B | R | W | Sharks |

Swimmer 5 Information

| | | | | | | | | | | |
|---------------------------------|-----|-------|--------------------------|------------------------------|----|----|----|----|---|--------|
| Registration Type (Circle one): | New | Renew | Shirt Size (circle one): | YM | YL | AS | AM | AL | | |
| Legal First Name: | | | Full Middle Name: | | | | | | | |
| Last Name: | | | Preferred Name: | | | | | | | |
| DOB: | | | Male/Female: | | | | | | | |
| Street Address (if different): | | | | | | | | | | |
| City: | | Zip: | | Training Group (circle one): | S | PS | B | R | W | Sharks |