



PASA/FTSC Site Registration Form

www.pasafoothills.com

<u>SWIMMERS LAST NAME</u>	<u>FIRST NAME</u>	<u>M.I.</u>	<u>D.O.B.</u>	<u>M/F</u>	<u>GROUP</u>

<u>STREET ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>PHONE #</u>

<u>PRIMARY EMAIL ADDRESS</u>	<u>SECONDARY EMAIL ADDRESS</u>

<u>MOTHER & FATHER NAMES</u>	<u>CELL PHONES</u>

<u>EMERGENCY CONTACTS</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>

<u>FAMILY DR. NAME</u>	<u>PHONE</u>	<u>FAMILY DENTIST</u>	<u>PHONE</u>
<u>MEDICAL INSURANCE</u>	<u>POLICY NUMBER</u>	<u>DENTIST INS. CARRIER</u>	<u>POLICY #</u>

PLEASE LIST ALL KNOWN ALLERGIES, MEDICATIONS TAKEN AND OTHER PHYSICAL CONDITIONS:

<u>SWIMMER</u>	<u>CONDITIONS</u>

MEDICAL RELEASE:

In the event of a serious illness or accident I cannot be reached, I give permission for treatment by the doctor/dentist listed above. If the doctor/dentist is unavailable, you are authorized seek alternative appropriate licensed medical care for my swimmer(s).

Signature of Parent or Guardian: _____ Date: _____

WAIVER OF LIABILITY:

I consent to the above named person(s) participating in the PASA/FTSC swim team activities and agree on behalf of said person(s) and the undersigned that we assume the risk of accident or injuries sustained from whatever cause in connection therewith and release D.Z.SWIM, Inc., PASA/FTSC and its officers, agents and members from any liability from any such accident or injury.

Signature of Parent or Guardian: _____ Date: _____

FTSC CLUB RULES:

I have read & understand the rules of the Foothills Club and will follow them to keep PASA's relationship in good standing with the club.

Signature of Parent or Guardian: _____ Date: _____

PASAFOOTHILLS.COM Website:

I authorize PASA/FTSC to use photos, and or other likeness' of myself and or my child or the child for whom I have legal guardianship for. Such likeness' will not be sold to other parties. PASA/FTSC reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent or legal guardian.

Signature of Parent or Guardian: _____ Date: _____

PLEASE GIVE REGISTRATION & DUES TO COACHES OR MAIL TO: Make checks out to D.Z. SWIM, INC.
Foothills Tennis & Swim Club, 3351 Miranda Ave, Palo Alto, CA 94304