

JAWS Registration Form 2014

Child(ren)'s Name	Age	Birthday

I \_\_\_\_\_, on behalf of myself and minor child(ren), hereby agree to waive any and all claims or causes of action, which in any way relate to the JAWS organization, it's employees or agents, or activities conducted or sponsored by the JAWS organization. In the event of an emergency, a coach and/or designated chaperone may transport my child(ren) to a nearby health care facility and may sign for emergency care.

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

Parent's Name (s): \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Alternative phone: \_\_\_\_\_

Email: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

ID number: \_\_\_\_\_ Group number: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

-----Registration Fee: 1 swimmer = \$175.00 Additional swimmer (s) = \$175.00/each

NOTE: This is a one-time fee for the 2014 season—no further money/monetary donations will be required for participation throughout the JAWS season.

CASH \_\_\_\_\_ CHECK \_\_\_\_\_ (payable to JAWS Swim Team)

Payments can be mailed to: JAWS, P.O. Box 344, Jefferson, WI 53549

\*\* Swimmers will not be allowed to participate until registration is completed and fees are paid.

\*\* \$100.00 refund/per swimmer will be given if notification to discontinue participation in JAWS is received prior to or on June 1, 2014.