



2015-2016 Marlins Masters Cost = \$35/mos

The Carter Center Aquatics Marlins are proud to bring on board highly experienced and knowledgeable Master's Coach Louis Tudor to continue with great program provided by the CAC and CCA Marlins. Louis is both an accomplished and nationally ranked former age-group swimmer and current Master swimmer. All members of the Marlin's Masters Program must also have membership with the Carter Athletic Center (CAC). Membership with the CAC is handled through the CAC itself and with its Customer Care staff. Registration for the Master program is completed by filling out this form.

**Please fill out and return to the Marlins Coaching Staff
or mail to CCA Marlins- 4254 Colonial Ave. Roanoke 24018**

Please place and 'X' in the time slot you wish to attend.

_____ **Masters 1 = 6:30-8:00am (Monday, Wednesday, Friday)**

_____ **Masters 2 = 8:00-9:30am (Monday, Wednesday, Friday)**

Please write in if you are going to try and mix up your attendance between
Master's 1 & Master's _____

Last Name _____ Middle Initial ____ First Name _____
Address _____ City _____ Zip _____
Preferred Phone _____ (is this a cell?) Cell _____
Email Address (required) _____ DOB _____

Your payment will be billed monthly if you wish to pay with a credit card please contact:

Danielle Crawford at the North Cross Business Office, 540-989-6641.

North Cross School 4254 Colonial Avenue, Roanoke VA 24018

MEDICAL EMERGENCY RELEASE FORM:

Person to be contacted in an emergency situation:

Name _____

Phone: _____

- Do you have a heart condition? NO YES(info) _____
- Do you have asthma? NO YES(inhaler?) _____
- Have you ever had an epileptic seizure? NO YES(date?) _____
- Have you been diagnosed with diabetes? NO YES _____
- Have you been diagnosed with hypoglycemia? NO YES _____
- Do you have any other conditions that we should be aware of? NO YES (list below) _____

- Are you allergic to any medications? NO YES(list) _____

- Have you ever had any other physical ailments your coach should be aware of (shoulder, knee etc...)
NO YES (what are they) _____

I, do hereby authorize any CCA Marlin Coach or any employee of Carter Athletic Center/ North Cross School to consent on my behalf to any examination and/or medical or surgical diagnosis or treatment, including emergency or hospital care deemed advisable and rendered by a licensed physician, certified emergency medical personnel or other agent of either. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide advanced authority of such agents to consent to all such diagnosis and treatment. I acknowledge I will remain responsible for the cost of such treatment.

I am also fully aware the risks associate with physical exercise, including swimming. I acknowledge and freely accept these risks and agree to hold North Cross School and its agents (CCA/CAC) free and harmless for any injuries or damages that may arise during my participation. I have read and agree to the aforementioned statements.

Signature _____ Date _____

Insurance Carrier _____ Policy # _____

Name of Policy holder _____ Identification # _____