

Sheridan Swim Team Registration

Name: _____ Sex: M F Date of Birth: _____

Address: _____

Parent/Guardian: _____

Email: _____

Phone numbers: _____

Emergency Contact: _____

Medical Concerns: _____

Dues for swimming is charged monthly. If a child swims one day a month, dues will be charged. I have read and understand this statement: _____ (parent initials)

This is to certify that _____ has my permission to be an active member of the Sheridan Swim Team (SST). On behalf of the above mentioned swimmer, I hereby absolve and release the Sheridan Swim Team and coaches from any claims for personal injuries which might be sustained while _____ is traveling to and from sponsored activities.

In the event of an accident or illness, I authorize the coach to secure emergency medical treatment including the services of a physician or hospital. I will incur all expenses for the necessary services in the event of an accident or illness, and I will provide payment or costs.

I have read and understand the above agreement.

Parent/Guardian

Signature: _____ Date: _____