

## Swimmer Registration Form

I hereby grant permission for my child to participate on the Jupiter Dragons Swim Team and agree to indemnify and hold harmless the Jupiter Dragons Swim Team and its officers, agents, employees, volunteer help, any community organization co-sponsoring the program, Jupiter Dragons Parents Organization, Jupiter High School, USA Swimming, and the Palm Beach County Parks and Recreation Department, from and against any and all liabilities for any injury which may be suffered by my child arising out of or in any way connected with his/her participation in the program named above, including, but not limited to losses or liabilities arising out of the acts or omissions of the Jupiter Dragons Swim Team or its officers, agents, employees, volunteer help, and community organization co-sponsoring the program, Jupiter Dragons Parents Organization, Jupiter High School, USA Swimming, and the Palm Beach County Parks and Recreation Department.

Signed \_\_\_\_\_ Date \_\_\_\_\_

To whom it may concern: As a parent and/or guardian of the child named on this form ("Child"), I authorize a qualified and licensed medical doctor to treat the child in the event of a medical emergency which, in the opinion of the attending physician, may endanger the Child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the below named. This authorization form is completed and signed of my own free will with the sole purpose of authorizing medical treatment for the Child under emergency circumstances in my absence.

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

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Specific medical allergies, chronic illness or other conditions:

\_\_\_\_\_

Additional contacts in case of emergency:

\_\_\_\_\_

**New swimmers are allowed a try out practice at no charge. Monthly Program Fees are due upon joining and on the first of each month thereafter. USA Swimming fees are due upon joining and each fall thereafter. There is no pro-rating fees and no refunds. Please make the check for Team Registration which includes T-shirt and Swim Cap payable to JDST LLC which stands for Jupiter Dragons Swim Team LLC and the monthly membership fee check payable to BOCC which stands for Board of County Commissioners.**

Initial Group Assignment \_\_\_\_\_ Monthly Fee \$ \_\_\_\_\_ Start Date \_\_\_\_\_

**New Member Registration (Incl. Team T-shirt & Cap Fee \$50) Please circle the size T-shirt for your swimmer:**

**Youth Small   Youth Medium   Youth Large   Adult Small   Adult Medium   Adult Large   Adult X-Large**

Child First Name: \_\_\_\_\_ Child Last Name \_\_\_\_\_

Child Middle Name \_\_\_\_\_ Child "Preferred Name"/Nickname \_\_\_\_\_

Child Birth date (mm/dd/yy) \_\_\_\_\_ Female ☐ Male ☐

Parent Name (Mother) \_\_\_\_\_ Parent Name (Father) \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell phone Mother # \_\_\_\_\_ E-Mail Mother: \_\_\_\_\_

Cell phone Father # \_\_\_\_\_ E-Mail Father: \_\_\_\_\_