

SARASOTA SWIM ACADEMY – The Sarasota Tsunami Swim Team

2014 SWIM TEAM REGISTRATION

5123 Kestral Park Place, Sarasota, FL 34231 [941-928-SWIM \[7946\]](tel:941-928-SWIM) www.srqtswim.org

Please print in ALL information below

Swimmer(s) Information:

1. _____ M or F Birth date: _____ School _____ Grade _____
First Middle Name Last
Known allergies, medicine or medical conditions; _____

2. _____ M or F Birth date: _____ School _____ Grade _____
First Middle Name Last
Known allergies, medicine or medical conditions; _____

3. _____ M or F Birth date: _____ School _____ Grade _____
First Middle Name Last
Known allergies, medicine or medical conditions; _____

Contact Information: (PLEASE PROVIDE BOTH PARENTS/GUARDIANS)

Mother/Guardian 1 _____ Relationship to swimmer: _____ Profession _____

Mother/Guardian 1 Number: (home) _____ (cell) _____

Father/Guardian 2 _____ Relationship to swimmer: _____ Profession _____

Father/Guardian 2 Number: (home) _____ (cell) _____

Mailing Address _____ City: _____ State: _____ Zip : _____

Email Addresses: (must have at least one e mail address-PRINT CLEARLY)

Mother: _____ Father: _____

EMERGENCY MEDICAL INFORMATION: I/(We), _____, the legal parent(s)/guardian(s) of swimmer[s], _____ hereby consent to any medical treatment as may be necessary for the welfare of the above named child[ren] in the event of injury during practice, in-town swim meets or organized club activities. Whenever possible, an effort will be made to contact the parent or the other contact listed prior to any medical treatment.

Insurance Company: _____ Policy/Group #: _____

Name of Insured: _____

Physician's Name: _____ Phone Number: _____

Permission and RELEASE FROM LIABILITY

I/(we) give my permission for my child(ren) to participate on the Sarasota Swim Academy Swim team and in its activities. I release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless Sarasota County and the Sarasota Swim Academy Swim team, as well as their coaches and volunteers from all liability, claims, demands, and losses, including attorney fees, personal injury or property damage alleged to be caused in whole or in part while participating with the team at either practice, competitions or other team events. I agree to abide by and adhere to the Swim Team policies listed in the team handbook for both swimmers and parents/guardians.

Parent/Guardian Signature AND Date