Hawaii Swimming Club Registration Form

Family Name _____ Father _____

Home Phone _____ Occupation _____

Home Address_____ Cell Phone _____

_____ Mother_____

Email: _____ Occupation _____

_____ Cell Phone _____

SWIMMER'S FULL NAME DATE OF BIRTH

1. _____ _____

2. _____ _____

3. _____ _____

In case of emergency, if unable to contact the undersigned, contact the following who is hereby authorized to act on my behalf:

NAME _____ Phone #: _____

Relation: _____

List any health problems that coaches should be aware of for the above listed swimmers:

_____

In case of emergency, contact the following doctor:

NAME _____ Phone #: _____

MEDICAL INSURANCE CARRIER: _____

MEMBERSHIP NUMBER: _____

EMERGENCY AUTHORIZATION DISCLAIMER

I/WE, the undersigned parent(s) or guardian(s) of the above minor children do hereby authorize the coaches or parents acting in the capacity of activity supervisors/vehicle drivers, as agents for the undersigned to consent to the medical,surgical, dental, etc.,examination and/or treatment of said minor children at any appropriate medical facility.

I/WE also herein hold Hawaii Swimming Club Maui directors, coaches, representatives, and agents harmless and release them from liability for any claim(s) arising out of injuries or conditions resulting forms said minor children(s) participation in the swimming program and/or caused or aggravated by our/my refusal to obtain available treatment based on religious or philosophical beliefs.

I/We the undersigned parent(s), guardian(s) hereby voluntarily provide and consent to the above

_____ _____

Parent/Guardian - Print Parent/Guardian - Sign

_____

Date