



Hawaii Swimming Club Registration Form

Family Name _____
Home Phone _____
Home Address _____

Email: _____

Father _____
Occupation _____
Cell Phone _____
Mother _____
Occupation _____
Cell Phone _____

SWIMMER'S FULL NAME

DATE OF BIRTH

Male/Female

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 from 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