

Hoosier Hills Swim Club Inc. (H2O)

Registration and Release Form

Date: _____

Has your family ever been a part of H2O Swim Club? Y or N

Is your family currently registered with USA Swimming? Y or N

Primary Contact Name: _____ Cell Phone: _____

Email: _____

Address: _____

Secondary Contact Name: _____

Email: _____ Cell Phone: _____

Additional Emergency Contact

Name: _____ Cell Phone: _____

**** use legal name - if there is a preferred first name note that below**

	Male/Female	First Name	MI	Last Name	DOB	T-Shirt Size	H2O Roster
Athlete:							
Athlete:							
Athlete:							
Athlete:							

Athlete Preferred First Name:

Has the athlete ever had hospitalization, surgery, injury, or serious medical illness?	Y or N	Y or N	Y or N	Y or N
Is this athlete now under the care of a physician or taking any medication?	Y or N	Y or N	Y or N	Y or N
Has this athlete been diagnosed with Asthma, or require the use of an inhaler?	Y or N	Y or N	Y or N	Y or N
Has any physician recommended or do you feel there should be limits placed on this athlete's participation in competitive sports?	Y or N	Y or N	Y or N	Y or N
Does this athlete have any known allergies to medication?	Y or N	Y or N	Y or N	Y or N
Has this athlete ever blacked out or lost consciousness during physical activity?	Y or N	Y or N	Y or N	Y or N
Physicians Name:				
Physicians Phone Number:				

If yes to any of the above, please specify:

Insurance Information:

Insurance Company: _____

Ins. Co. Phone #: _____

Policy #: _____

Group #: _____

Please turn over for more information

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Release of Liability and Consent to Participate

I/We, the parents/guardians of the above named athlete(s) request the Hoosier Hills Otters Swim Club, Inc. (H2O) allow my child(ren) to participate in swimming practice and club related activities. I/We consent to the participation of the above named athlete(s) in the H2O swim program. I/We hereby release and hold harmless the H2O Swim Club and any and all of its coaches and executive board members from any and all liabilities for any and all harm arising to my child(ren) as a result of these activities. I/We, the undersigned, have read this release and understand all of its terms and execute it voluntarily with full knowledge of its significance. In the event of any emergency, and/or we cannot be contacted, we hereby authorize that emergency medical treatment may be administered by certified coaching staff, officiating staff or other certified medical personnel.

Emergency Medical Authorization

I hereby grant permission, in case of injury to have an athletic trainer and/or medical doctor provide me with medical assistance and/or treatment and/or transportation to and/or treatment at the nearest medical facility for the above named athlete(s).

Financial Payment Agreement

The season registration fee is due at the time of registration each season. We accept cash or checks, made payable to Hoosier Hills Swim Club, or will be automatically drafted on the day set by the board.

The Hoosier Hills Swim Club requests that you sign-up for our automated electronic billing system to pay your registration fees and USA meet fees. The system is important to save our team administrators significant time in manually processing cash and checks, and collecting on past due accounts. Plus, the added benefit of worry-free payment processing for you too! Your payment will be automatically processed on the 4th of every month when a payment is due for either registration fees or meet related fees.

MAAPP Acknowledgement

I acknowledge I have received, read, and understand the Minor Athlete Abuse Prevention Policy and/or the policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this policy is a condition of my membership with Hoosier Hills Swim Club, Inc. (a USA Swimming member club).

Action Plan to Address Bullying

We have read and understand the behavior policy agreement and agree to abide by its contents. Please make sure that your child has read and understands his/her obligations.

H2O Behavior/Discipline Policy

We have read and understand the behavior policy agreement and agree to abide by its contents. Please make sure that your child has read and understands his/her obligations.

Communication Policy

I have read and understand the H2O Communication policy.

H2O Photo Release and Club Directory Inclusion

I GIVE _____ or I DO NOT GIVE _____ permission to post my child's photo on the website, facebook, or use in local media for promotional purposes.

I GIVE _____ or I DO NOT GIVE _____ permission to be included in the H2O Club Directory containing names of swimmers and parents with addresses and phone numbers.

Signature of Parent/Guardian: _____

Date: _____