



**Rhode Island – Swimmer Try-out Form**

**Family Information**

	Parent/Guardian 1	Parent/Guardian 2
FIRST/LAST NAME	_____	_____
Street Address	_____	
CITY/STATE/ZIP	_____	
Email	_____	
CELL PHONE	_____	

**Emergency Contacts**

Names      1. \_\_\_\_\_ 2. \_\_\_\_\_

Phone Numbers      1. \_\_\_\_\_ 2. \_\_\_\_\_

**Health Concerns:** (list swimmer's name and any health concerns) \_\_\_\_\_

**Swimmer Registrants**

Child No.	Last Name	First Name	MI	Sex	DOB MM/DD/YYYY	Level Dev / AG / Jun / Sen
1.	_____	_____	___	___	___/___/___	_____
2.	_____	_____	___	___	___/___/___	_____
3.	_____	_____	___	___	___/___/___	_____

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I represent that I am the parent and/or legal guardian of the child named below and hereby give my permission for my child to participate in any and all activities with Kingfish Swimming Roger Williams University. I agree to assume all risks associated with my child's participation in the KFRI Swimming, including but not limited to, the risk of bodily injury, death, and/or property damage. In consideration of my child being permitted to participate in the Camp, I agree to release, indemnify, and hold harmless the University, its trustees, directors, officers, employees, students, contractors, volunteers, affiliates, and agents, from any and all claims that I or any third party might have as a result of my child's participation in this program. I give my consent for my child to receive emergency medical treatment in the event that my child becomes ill or is involved in an accident during any practice or competition. I understand that I will be notified at the emergency telephone number that I provide on this form in the event of an emergency involving my child.

Parent/Guardian Signatures: \_\_\_\_\_ DATE \_\_\_\_\_

**IMPORTANT NOTE:** Please e-mail ([matthewemmert@ymail.com](mailto:matthewemmert@ymail.com)) or bring completed form with you to your swimmers tryout date.

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(Coaches Evaluation)

Free: \_\_\_\_\_ Back: \_\_\_\_\_ Breast: \_\_\_\_\_ Fly: \_\_\_\_\_

Flip Turns: \_\_\_\_\_ Dive: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_\_