

## LA GRANDE SWIM CLUB 2-WEEK TRIAL FORM

- 1 - child must pass pool's lifeguard test for big pool before trial may begin
- 2 - child may begin a trial on the 1<sup>st</sup> or 3<sup>rd</sup> Monday of any month at 3:30pm (unless otherwise discussed)
- 3 – completed form & payment of \$30 to LGSC due on the first day of the 2-week trial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sex: Male / Female

\_\_\_\_\_  
US Citizen: Yes / No

\_\_\_\_\_  
Allergies and/or Medications

\_\_\_\_\_  
Parent/Guardian #1 Name

\_\_\_\_\_  
Parent/Guardian #2 Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City and Zip

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Email Address

### **Emergency Contacts (during swim club hours):**

#### **Primary Contact:**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

#### **Secondary Contact:**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

I, the undersigned parent/guardian, do hereby grant a representative of the La Grande Swim Club the authority to seek appropriate medical treatment on behalf of the child/children listed above. Medical treatment shall include, but not be limited to medical, physician, dentist, emergency room/hospital visit and treatment or medical procedures as deemed necessary in an emergency situation.

I understand and agree that at the end of this 2-week trial period, I will be contacted by a club representative. With the coach's approval, I may register my child with the club for ongoing participation, or I may decline continued participation with no further obligation. I understand that my child will not be allowed to swim beyond the 2-week trial without properly registering with both the club and USA Swimming.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**FOR CLUB USE:** First Day of Trial: \_\_\_\_\_ Last Day of Trial: \_\_\_\_\_ Date Payment Received: \_\_\_\_\_