



## SWIMMER APPLICATION

### Swimmers Information:

1. Swimmers Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MO/DA/YR)  
Any Medical Issues: \_\_\_\_\_
2. Swimmers Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MO/DA/YR)  
Any Medical Issues: \_\_\_\_\_
3. Swimmers Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MO/DA/YR)  
Any Medical Issues: \_\_\_\_\_

### Parents Information: (If returning swimmer, please update parent information as required)

\*Cell phone and provider information is used to send you text messages if practice is canceled.

Mothers Name: \_\_\_\_\_ Cell Phone/Provider: \_\_\_\_\_  
Fathers Name: \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**LIABILITY:** I hereby release and agree to hold harmless the Seals Swim Club, LLC its employees and agents from all liabilities, claims and demands, which may accrue from injury to my child or property through participation in this program. In case of accident or injury, where I cannot be reached, I give my permission to have my child given medical treatment immediately.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Sign Name