

# 2022 Sunrise Swans Swimmer Registration Form

Please be sure to fill out **both sides/pages (2)** of this form completely:

## Swimmer Info

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Swimmer Cell \_\_\_\_\_

Address \_\_\_\_\_

- My swimmer has permission to sign themselves out at the end of practice.  
Parent Initials \_\_\_\_\_

## Parent/ Guardian Info

### Parent Guardian

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

### Other Parent Guardian

Name \_\_\_\_\_

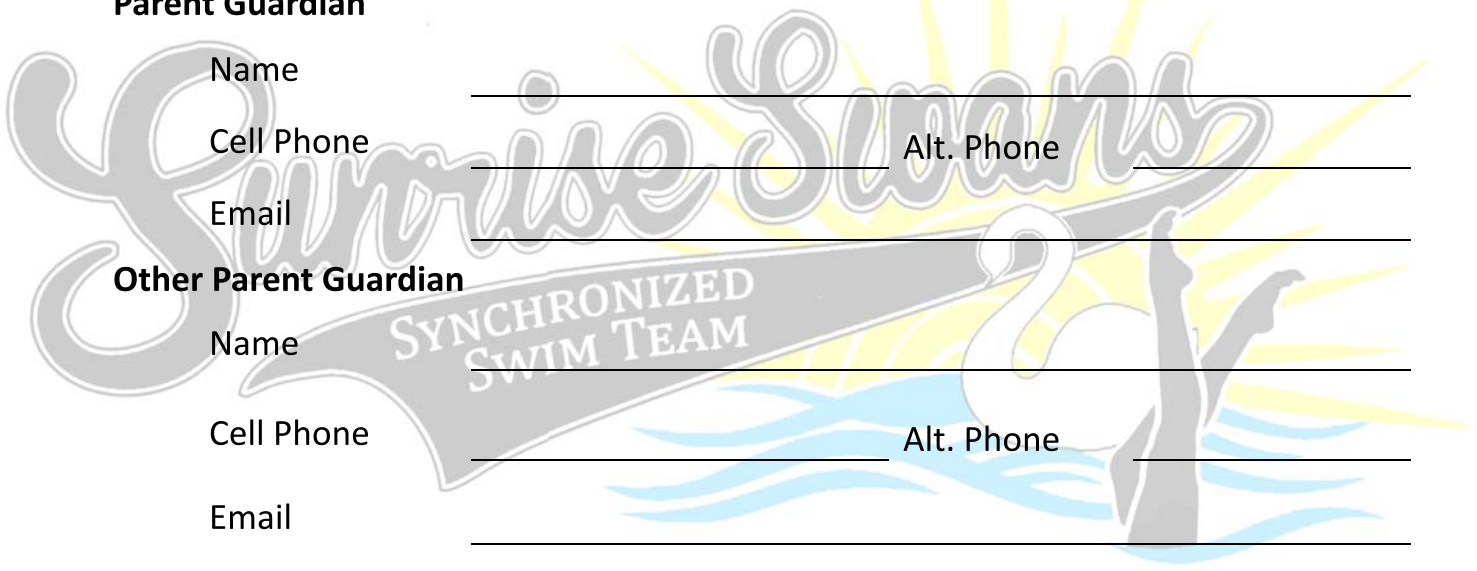
Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

## Alternate Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_



# 2022 Sunrise Swans Swimmer Registration Form

## Insurance Information

Company \_\_\_\_\_ Group \_\_\_\_\_

Primary Member \_\_\_\_\_

## Medical Information

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Known Medical Conditions / Allergies: \_\_\_\_\_

## Authorization To Render Emergency Care: (Check the desired action)

In the event of an accident or emergency, the undersigned hereby authorizes a representative of the Sunrise Swans Synchronized Swimming Team, including coaches, lifeguards, and parents volunteers/chaperones, to make such arrangements as he/she considers necessary for the swimmer to receive medical care from an emergency medical team or to be transported to medical facility for further treatment by any licensed physician while the swimmer is under the supervision of the team.

I/We do not choose the above option for the following reason:

\_\_\_\_\_

## Parent / Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sunrise Swans Synchronized Swim Team

## 2022 Waiver and Release of Liability

In consideration of being allowed to participate in the Sunrise Swans Synchronized Swim Team events, activities, or programs, I've knowledge and agree that:

1. I understand that I/ my child or ward, will be engaging in travel and activities that involve the risk of serious injury, including permanent disability and death, severe social and economic losses and other loss including damage to property.
2. I knowingly and freely assume all such risks.
3. I, for myself, my minor child or ward, and on behalf of my and their heirs and assigns, release, waive, discharge and covenant not to sue Sunrise Swans, it's officers, agents, employees, and sponsors as well as its affiliate clubs, from any and all liability for any and all claims, demands, losses or damages on account of injury, including death and damage to property, whether caused by negligence or otherwise.

This is to certify that, as swimmer (18+) / parent/guardian of this participant, I do consent to his/her waiver and release as set forth above and also agreed to assume all such risks and to waive the right to sue the releases.

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Name of Swimmer

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Signature of Parent/ Guardian / Swimmer 18 +

Print Name

Date

# Sunrise Swans Synchronized Swim Team

## 2021 Publicity/Media Release Authorization

I, hereby give permission to have my child's picture and name printed in any publicity, website, or media for the purpose of promoting the Sunrise Swans Swim Team.

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Name of Swimmer

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Signature of Parent/ Guardian / Swimmer 18 +

Print Name

Date