

Swimmer Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

**Parent Board Approval:**

☐ Winter ☐ Fall ☐ Spring **Clinic** \_\_\_\_\_

## Swans Clinic Checklist

Every Swimmer must have **all completed paperwork and money turned in** to enter the water.

*No Exceptions.*



**For:** Fall Clinic ☐ Winter Clinic ☐ Spring Clinic ☐

☐ Swimmer Registration & Medical Form

☐ Waiver & Release of Liability/Publicity Release Authorization Form

☐ Registration Fee for Clinic \*\*



**\*\*All registration fees are non-refundable**

# Swimmer Registration Form Page 1

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

## Swimmer Information

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

Swimmer's Cell \_\_\_\_\_

Address \_\_\_\_\_

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

## Parent/Guardian Information

**Guardian 1:**

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Guardian 2:**

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

If different than Guardian1

Email: \_\_\_\_\_

## Alternative Emergency Contacts:

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

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

## Swimmer Registration Form Page 2

### Insurance Information:

Company: \_\_\_\_\_ Group/Policy # \_\_\_\_\_

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

### Medical Information:

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

Address: \_\_\_\_\_

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

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

Known Medical Condition/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 Artistic Swimming Team, including coaches, lifeguards, and parents volunteers/chaperones, to make such arrangements as they consider necessary for the swimmer to receive medical care from an emergency medical team member or to be transported to a medical facility for further treatment by a licensed medical provider while the summer is under the supervision of the team.

☐ I/We do not choose the above option for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

### Parent/Guardian Signature:

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

## Swimmer Registration Form Page 3

### Sunrise Swans Artistic Swim Team Waiver and Release of Liability

In consideration of being allowed to participate in the Sunrise Swans Artistic 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 losses 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 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 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 Artistic Swim Team.

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Name of Swimmer

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Signature of Parent/Guardian/Swimmer 18+

Print Name

Date