

Registration Form

Child's Name	Date of Birth	M	F
Parent's/Guardian's Name	Group	Sex	
Cell Phone	Work Phone	Coach	
Address	Email	Text Message	Phone
City, ST ZIP Code	Contact me by	USA Synchro Member	
Email	Yes	No	If Yes, type:

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code
Email	Email

Medical Information

List and explain, if any: Allergies/Breathing problem/Asthma

List and explain, if any: Circulatory problem/Heart problem/Epilepsy/Diabetes

List and explain, if any: Regular headache/Experienced concussion/Sensitive to heat or cold

Special Health Considerations/Medications

I confirm that all the information on this form is correct and can be shared with the medical authorities in case of an emergency.

I authorize all lifesaving procedures and emergency services to be performed by the rescuer and/or paramedics for my child and waive my right to informed consent of treatment.

Parent's/Guardian's Signature

Date

I give permission for my child to go to fundraising activities, club/team activities and competitions, if applicable. I release *The Aquarelles Synchro Club* and individuals from liability in case of accident during activities related to *The Aquarelles Synchro Club*, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date