

## **Newfield Barracudas Swim Team 2022 Registration**

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

**Birthdate:** \_\_\_\_\_ **Age as of June 15<sup>th</sup>** \_\_\_\_\_

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

\_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Phone: (C)** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_

**Additional Phone** \_\_\_\_\_

**Parent/Guardian #1** \_\_\_\_\_

**Parent/Guardian #2** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Emergency Contact Phone** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

Names of siblings swimming & ages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Circle session of your choice:**

Club Member

6 week session \$130

8 week session \$170

Swim Team Only Member

6 week session \$180

8 week session \$220

**For Coordinator Use**

Birth Cert on Record: Y N

If N, rec'd by/date \_\_\_\_\_

**Please list any medical conditions/allergies that the Coaches must be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list dates for any planned vacations for this season:**

.....

I give permission for my child \_\_\_\_\_ to be treated in the emergency room in the event I cannot be reached. **\*IN THE EVENT OF EMERGENCY, CHILD WILL BE TAKEN TO CLOSEST EMERGENCY ROOM\***

I hereby give my consent and authorization to permit my child or ward to participate in the Newfield Barracudas Swim Team sponsored by Newfield Swim Club. I further accept full responsibility for the acts of my child or ward while participating in the above-named activity, and hereby specifically release the Newfield Swim Club, Newfield Barracudas Swim Team, its officers, members and coordinators from any obligation or liability in relation to, or arising from, the above-named activity. N.J.A.C. 6:29-6.4

Realizing that such activity involves the potential for injury, which is inherent in all sports, I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions those injuries can be so severe as to result in total disability, paralysis, or even death. I/We acknowledge that I/We have read and understand the warning.

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