

Newfield Barracudas Swim Team 2023 Registration

Name(F, MI,L):_____

Birthdate:_____ Age as of June 15th_____

Address:_____

City:_____ Zip_____

Home Phone:_____

Parent/Guardian #1_____

Email:_____ Phone:_____

Parent/Guardian #2 _____

Email:_____ Phone:_____

Please list any planned vacation dates for the season:

Emergency Contact Information:

Name:_____ Relation:_____ Phone:_____

Family Doctor:_____ Phone:_____

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

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
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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:_____

Last Name_____

Names of siblings swimming & ages:

For Coordinator Use

Birth Cert on Record: Y N If
N, rec'd by/date_____