

Antietam Swimming

Summer 2011 Member Registration

ACCOUNT

Account Last Name: _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____

Home Phone: _____

PARENT INFORMATION:

PARENT 1

Last Name: _____ First Name: _____

Phone 1: _____ Home Cell Work

Phone 2: _____ Home Cell Work

Phone 3: _____ Home Cell Work

Email: _____

PARENT 2 (OPTIONAL)

Last Name: _____ First Name: _____

Phone 1: _____ Home Cell Work

Phone 2: _____ Home Cell Work

Phone 3: _____ Home Cell Work

Email: _____

CONTINUE TO NEXT PAGE

ATHLETE INFORMATION

ACCT LAST NAME: _____

ATHLETE 1:

Last Name: _____ First Name: _____ MI: _____

Gender: Male Female DOB: ____/____/____ Age (as of 8/1/11): _____

Email: _____ Shirt Size: YS YM YL AS AM AL XL

Health problems, conditions, allergies, medications: _____

ATHLETE 2:

Last Name: _____ First Name: _____ MI: _____

Gender: Male Female DOB: ____/____/____ Age (as of 8/1/11): _____

Email: _____ Shirt Size: YS YM YL AS AM AL XL

Health problems, conditions, allergies, medications: _____

ATHLETE 3:

Last Name: _____ First Name: _____ MI: _____

Gender: Male Female DOB: ____/____/____ Age (as of 8/1/11): _____

Email: _____ Shirt Size: YS YM YL AS AM AL XL

Health problems, conditions, allergies, medications: _____

PRINT ADDITIONAL ATHLETE PAGES AS NECESSARY
CONTINUE TO NEXT PAGE

PARENT AGREEMENTS:

ACCT LAST NAME: _____

I, _____ the undersigned parent/guardian of _____

the above named youth, hereby give my permission for the above named youth(s) to participate in all of Antietam Swim Team activities and programs. On behalf of the same youth(s), I assume all risks and hazards incidental to such participation. I hereby release the Antietam Swim Team, the Antietam Parents Aquatic Club, and any affiliated persons, including, but not limited to, any coach board member, employee, volunteer, or any other person associated with the Antietam Swim Team, Antietam Parents Aquatic Club, as well as any organization providing facilities for the benefit of Antietam Swimming activities and programs from any liability for injury, damage, loss, costs and/or expenses sustained as a result of the above named youth(s) participation in, or as a result of his/her being transported to or from any such event, practice, or meet. Further, in consideration of the youth(s) participation, I agree to indemnify and hold harmless the aforementioned organizations, entities, and/or persons from any injury, damage, loss, costs, and/or expenses of any kind arising out of participation in the described activities, whether such damages are the result of negligence or for any other cause.

Printed Name

Signature

Date

Parent Initial:

_____ We are members of the Antietam Pool

_____ In the event of medical emergency, I hereby give permission to the Coaching Staff and/or Swim Team Board to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for all children named on this document.

_____ I understand I will be required to volunteer to work at not less than two swim meets, in addition to the Antietam 10 & Under Invitational.

_____ I will provide concession stand donations for home swim meets.

_____ I give my permission for the use of photographic images containing me or any children listed on this document to be used on the team website or printed material.

_____ I understand that the names of all children listed on this document will appear online with meet results and entries.

_____ I agree to abide by all team policies and procedures currently in affect, as well as any created during the 2011 Summer Season. I understand that failure to follow team rules and procedures may result in the exemption of swimmers on my account from team activities.