

LINDEN SWIM TEAM REGISTRATION

SUMMER 2019

SWIMMER'S NAME _____

DATE OF BIRTH _____ AGE AS OF 6/10/19 _____ MALE _____ FEMALE _____

PARENT'S/GUARDIAN'S NAME _____

ADDRESS _____

PHONE / HOME _____ WORK _____ CELL _____ (texting Y or N)

EMAIL ADDRESS _____

PREVIOUS SWIM TEAM MEMBER? YES NO *TEAM NAME IF OTHER THAN SEA LIONS* _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME _____ PHONE _____

DOCTOR'S NAME _____ PHONE _____

MEDICAL INSURANCE CARRIER _____ ID NUMBER _____

_____ has my consent to participate in the Linden Swim Team. I agree to assume sole financial responsibility for any medical care needed by my child as a result of injury incurred while participating on the Linden Swim Team.

I also give my permission for medical care to be administered to my child in case of emergency on the advice of the attending physician.

I agree that Linden Sea Lions may use photographs of my child with or without their name for any lawful purpose, including for example such purposes as publicity, advertising, and Web page content.

Lastly, I release from liability the Linden Swim Team, volunteer adult representative thereof, coaches, and the Linden Unified School District.

(SIGNATURE OF PARENT OR LEGAL GUARDIAN)

DATE

NOTE: Your signature below indicates that you will receive a copy of the Sea Lions Handbook and that you will read and will abide by the rules set forth in the handbook.

PARENT SIGNATURE: _____

(Signature of Parent or Legal Guardian)

COST: \$95 per swimmer \$280 max per family

(Make checks payable to Linden Sea Lions)

No registration will be accepted after June 5th (NO EXCEPTIONS)