



# ATHENS SWIM TEAM REGISTRATION



(Please fill out this form in its entirety)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Swim Experience: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to swimmer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is there a concern about your child that the coach needs to be aware of? \_\_\_\_\_

The Athens Swim Team requires a copy of the swimmer's birth certificate before child is allowed to swim. (Not required for Swim Clinic)

I/We assume all risks involving participants in meets, practices or transportation for this swimmer during this season. I/We do hereby waive, release and agree to hold harmless the City of Athens Parks and Recreations Department, The Athens Swim Team and other agencies and persons that we work with to provide this program, from death, injuries or other claims during the current program.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_\_\_ I will secure a sponsor
- \_\_\_\_\_ I will participate in a fundraiser

\$ \_\_\_\_\_ Total fee due after credits are deducted. Swim Clinic Only? Yes / No

OFFICE USE ONLY

CASH: \_\_\_\_\_ CHECK \_\_\_\_\_ # \_\_\_\_\_ TOTAL \_\_\_\_\_ DATE: \_\_\_\_\_