

South Harrison Sea Hawk Swim Team Registration Form

Swimmer's name _____
Parent(s)/Guardian(s) name _____
Address _____
Phone Number _____ Age _____ Birth Date _____
Emergency Contact _____ Phone Number _____
Physician _____ Phone Number _____

IMPORTANT

I understand that as a parent or guardian, I will be required to work one half of each swim meet that my child attends. If I fail to do so, I understand that my child will not be allowed to swim at the meet. Intials: _____

I understand that I must purchase a South Harrison Park Pool Pass in order for my child to participate on the Swim Team. Intials: _____

I have received a copy of the team handbook and event calendar for the swim season. Intials: _____

I (we) hereby agree that the South Harrison Swim Team, its members, coaches, nor officers shall not be liable for any injury or loss our child may sustain while participating in activities of any kind, whether sponsored or supervised by the Swim Team and we agree to hold harmless the Swim Team, its members, coaches officers or designates of any kind from any claim whatsoever. I attest and verify that I have full knowledge of the risk involved in participation and that my child is physically fit and sufficiently trained in order to participate.

Parent(s)/Guardian(s) Signature

Date