

# 2017 Selinsgrove Swim Team Registration Form/Emergency Consent

Swimmer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Birthday of Swimmer: \_\_\_\_\_ Age as of May 30, 2017 \_\_\_\_\_

Previous Swimming Experience: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

## MEMBERSHIP REQUIREMENTS

Each swimmer will be able to swim the length of the Susquehanna University Pool (25 yds.) unassisted.

Previous swimming lessons are helpful.

Parents are expected to volunteer to help make our summer swim team successful. Parents/Guardians will help at swim meets (timers, officials, scorer, set up, runner or clean up)

Parents are expected to attend scheduled parent meeting.

## CODE OF CONDUCT/EXPECTATIONS

1. Swimmers are expected to follow rules and regulations of Susquehanna University Pool.
2. Swimmers are expected to be prompt for all practices and meets. Contact the coach if you cannot attend.
3. Swimmers must treat their peers, coaches, and opponents with respect and should always promote good sportsmanship. Misbehavior may be ground for dismissal form the team.
4. Swimmers must sign up for meets at least 3 days prior to the date of the meet.

## RESPONSIBILITY FOR INFORMATION

Parents/swimmers are responsible for checking the league website (to be announced) and email for updated information and attending parent meetings.

I/We agree to abide by the requirements, expectations, and responsibilities listed above:

Swimmer: \_\_\_\_\_

Parent: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to participate on the Selinsgrove Swim Team. Further, I authorize the coaches to provide emergency treatment for an injury or illness of my child if qualified medical personnel consider treatment necessary. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INFORMATION:

Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Phone: \_\_\_\_\_

My child and I are aware that participating in swimming is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me. I understand this informed consent and agree to its conditions on behalf of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(SST use only- Please do not write below this line)***

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Registration Date: \_\_\_\_\_

Registration Payment: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Cash \$ \_\_\_\_\_