



Swim Team Registration & Medical Form

Group Assignment: *(completed by coach):*

*Bronze
Silver
Gold
Junior
Senior*

<hr/>	<hr/>	<hr/>	<hr/> /____/____
(Swimmers) First Name	Middle Name	Last Name	Date of Birth
Swimmer's Tee Shirt Size: _____ (YL, S, M, L, XL)		Swimmer's Fin (shoe) Size: _____	
<hr/>		<hr/>	
Primary/Billing Contact (Mother/Father or Guardian)		Secondary Contact (Mother/Father or Guardian)	
<hr/>		<hr/>	
Street Address		Street Address	
<hr/>		<hr/>	
City	State	Zip	City
<hr/>	<hr/>	<hr/>	<hr/>
Home Phone	Cell / Work Phone	Home Phone	Cell / Work Phone
<hr/>	<hr/>	<hr/>	<hr/>
Email		Email	
<hr/>		<hr/>	

Emergency Contact and Medical Information: In the event a parent/guardian cannot be reached, the following persons have my permission to care for and/or authorize medical or surgical services for my child:

<hr/>	<hr/>	<hr/>
Emergency Contact	Relationship	Phone Number
<hr/>	<hr/>	<hr/>
Physician Name		Phone Number
<hr/>		<hr/>
Medical Insurance Co./Phone Number		
<hr/>		
Medical Policy Number	Dentist Name/Number	
<hr/>	<hr/>	
Are there any medical concerns that the coaching staff should be aware of? _____		
(Please use back of page or additional paper if necessary to provide pertinent information).		

We understand the financial commitments required of each member family. We understand that fulfillment of these commitments is necessary for the welfare and continued success of Bear River Swimming and will be a condition for participation of our swimmer(s) on the team.

- **Swim fees are due before the 1st of each month. All swimmers are required to purchase assigned swim gear.**
- **All swimmers must be registered members of USA Swimming – for 2011 an annual fee of \$72.**
- **Fundraising - E-Scrip:** Each family is requested to register with E-scrip and list Bear River Swimming as a benefiting organization. You can list up to three organizations on your account. The Bear River Swimming ID# is 500016840. You can sign up by visiting www.escrip.com.

The undersigned, parent(s) or legal guardian(s) of _____ certify that he/she is of good physical condition and is fit for participation in the activities of Bear River Swimming Association, Inc. I/We understand these activities include aerobic exercises, swim workouts, swim meets, and other activities routinely associated with the development and participation in USA Swimming functions (activities may include transportation to and from meets and swim related social functions). The undersigned shall jointly and severally hold Bear River Swimming Association, Inc., all officers, agents, and employees of Bear River Swimming Association, Inc. harmless from any and all liabilities for personal injury and property damage which might arise out of or relate to the conduct of participation in the activities of Bear River Swimming Association, Inc. I/We fully understand the risks associated with physical activities such as competitive swimming and hereby give our permission for participation to the above participant for whom we are the legal parent(s) or guardian(s). I/We also hereby agree to the provision of emergency medical procedures that may be required due to illness or injury which might arise out of the participation in the activities of Bear River Swimming Association, Inc. to provide emergency medical treatment through a fully licensed hospital or through the family physician or dentist listed.

Signature

Relationship to Swimmer

Date