The Dalles Swim Team
2010 Registration and Medical Form
PLEASE COMPLETE ONE FORM FOR EACH SWIMMER IN YOUR FAMILY

Name:_____

Work Phone: (Mother)_____(Father) _____

E-mail address: _____

*Contact name: _____ Phone: _____
**Best person to contact about volunteering or meet registration questions*

In case of emergency, please contact: _____
Child's Physician: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Insurance Company Name: _____
Policy Holder's Name: _____ Policy #: _____
Health Insurance Phone: _____

Are there any medical conditions that we should know about?
Allergies _____
Asthma _____
Joint Injuries _____
Other _____

WAIVER OF LIABILITY

I hereby release The Dalles Swim Team, together with its operators, agents, employees, consultants, volunteers, and instructors from any and all claims from injury or damage that may be sustained by me or my child from use of the premises or equipment, while participating in the Swim Team.

I represent hereby that my child is in good health and capable of participating in the Swim Team and will not do anything which will injure themselves or others while engaging in the program. I will hold The Dalles Swim Team harmless in connection with their participation.

If an accident or injury occurs, I give The Dalles Swim Team or their representative permission to obtain the medical attention and for treatment required.

I have read, understand, and agree to abide by the Pool Rules and Regulations.

_____ _____
Signature of Parent or Guardian Date
Note: one copy of completed form accessible on deck during practice and meets at all times.