

HAMPDEN – WILBRAHAM FALCON SWIM CLUB
STROKE AND TURN CLINIC
REGISTRATION FORM

(Payment of \$75 per swimmer is expected at registration, payable to **Falcon Swim Club**.)

Name of Swimmer:

Current Age:

Date of Birth:

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Parents/Guardians: _____

Address: _____ Town: _____

Home Phone: _____ Cell or Emergency Phones: _____

Parent Email address(es) for important announcements: (Please print clearly.)

Is there any medical information regarding your swimmer(s) that should be brought to the attention of the coaches? **If so, please specify each swimmer's name.**

The above-named child(ren) have my permission to participate in the Falcon Swim Club Stroke and Turn Clinic for (circle) **Spring / Fall** of the year **20**_____. I understand that it is my responsibility to see that they are covered by accident insurance for the clinic. I, as a parent/guardian, assume all risks and hazards incidental to club participation.

Further, I waive, release, absolve, indemnify, and agree to hold harmless the club organizers, sponsors, supervisors, participants, and other personnel engaged in supervising, transporting or otherwise engaged in my child(ren)'s activity in the Falcon Swim Club, from any claim arising out of injury or illness to my child(ren).

Signature of Parent/Guardian

Date

For FSC Use:

Number registering _____ x \$75

Amount Paid \$ _____

Cash / Check # _____