

HAMPDEN – WILBRAHAM FALCON SWIM CLUB COMPETITIVE SWIM TEAM REGISTRATION FORM

Payment is expected at registration, payable to **Falcon Swim Club**, as follows:
\$125 per swimmer **except**: **\$40** if High School Student or **\$110** if Participant of latest FSC Clinic

<u>Name of Swimmer</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Team New or Ret.</u>	<u>Birth Cert. on file</u>	<u>\$ Amount Due</u>
_____	_____	_____	N / R	Y / N	125 / 110 / 40
_____	_____	_____	N / R	Y / N	125 / 110 / 40
_____	_____	_____	N / R	Y / N	125 / 110 / 40
_____	_____	_____	N / R	Y / N	125 / 110 / 40

Parents/Guardians: _____

Address: _____ Town: _____

Home Phone: _____ Cell or Emergency Phones: _____

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

Are there any changes in your address/phone/email information since last season? **Yes** or **No**

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.**

 Do you give permission for your child(ren)'s picture to be used on the club website, without name identification? **Yes** or **No**

As the parent of a swimmer in the Falcon Swim Club, I understand that I am responsible for volunteering at home and away meets as needed.

The above-named child(ren) have my permission to participate in the Falcon Swim Club program during the **(circle) winter / summer** season in the year **20**_____. I also grant permission to travel to away meets in private cars. I understand that it is my responsibility to see that they are covered by accident insurance for the swim season. 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: B. C. _____

Number registering _____ Amount Paid \$ _____ Cash / Check # _____