

2010 GVRC Swim Team Registration & Medical Form

Swimmer Name _____ Nickname _____
Birth Date ____/____/____ Age as of June 1 _____

Parent's Names _____

Address _____

Phone - Home _____ Work _____ Cell _____

*Email _____ (required)

Person to contact in case of emergency when parents cannot be reached at above numbers:

Name _____ Relationship _____ Phone _____

Doctor's Name & Phone

Dentist's Name & Phone

Allergic to any foods, drugs, or medicines

Medical condition which may require special attention _____

I give my above named child permission to participate in all scheduled practices, and meets of the Greene Valley Swim Team for the current season. I further agree to release the Greene Valley Recreation Club, all coaches, and any other related person from all liabilities for any injuries sustained during the current season. I also agree to meet the worker obligations for my swimmer, and to follow the rules as outlined in the 2010 Swim Team Letter.

Parent or Guardian
signature(s) _____ Date _____

Do not write below line:

Registration Fee \$55 _____ +T-Shirt \$12 _____ Size _____ +Cap \$5 _____ = \$ _____

Method of Payment check# _____ /Cash _____ Amount \$ _____

