

Hammerhead Swim Club

Make Checks Payable to: Hastings Swim Club

Swimmer 1:

Name: _____ Birthday _____

Parents Name: _____

Address: _____

DaytimePhone: _____

Cell/Evening _____

Email _____

Additional Sibling Swimmers:

Name: _____ Birthday _____

Name: _____ Birthday _____

Name: _____ Birthday _____

Emergency Information:

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Medical conditions and/or medications that the coaches should know:

As parents/legal guardian, and in consideration of acceptance of membership in the Hastings Swim Club, I hereby for myself and my children, waive and release any and all claims against the Hastings Swim Club and the Hastings Area Schools for injuries and expenses incurred by my child(ren) and I at swim practices, swim meets, and travel to and from meets. My child(ren) is/are a bonafide amateur athlete(s) and is/are eligible to compete in all events.

Signature _____ Date _____

Registration fees: 1st Swimmer <u>\$100.00</u> 2nd Swimmer <u>\$95.00</u> 3rd Swimmer <u>\$90.00</u> Amount Paid: _____ Check # _____ Cash _____
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