

NORTHWEST SWIM & DIVE TEAM REGISTRATION - Summer 2009

Participant(s):

Athlete 1 _____ Date of Birth _____ Participation Fee-\$65

Age* _____ Male _____ Female _____ GCSL Swim _____ GCSL Dive _____ COSA _____

Athlete 2 _____ Date of Birth _____ Participation Fee-\$65

Age* _____ Male _____ Female _____ GCSL Swim _____ GCSL Dive _____ COSA _____

Athlete 3 _____ Date of Birth _____ Participation Fee-\$20

Age* _____ Male _____ Female _____ GCSL Swim _____ GCSL Dive _____ COSA _____

Athlete 4 _____ Date of Birth _____ Participation Fee-\$0

Age* _____ Male _____ Female _____ GCSL Swim _____ GCSL Dive _____ COSA _____

*Age the child will be on June 15, 2009 (as required by GCSL league rules)

TOTAL FEE _____

Make checks payable to **Northwest Swim Team** (do not include in dues or lesson check)

Mail to: Terry Smith, Treasurer, 2586 Wickliffe Rd., Columbus, OH 43221 or bring to Open House

Emergency Contact Information:

Name of Parents or Legal Guardians: _____

Address: _____ City, State, Zip: _____

Phone#: Home: _____ Mom's cell: _____ Dad's cell: _____

Dad's work: _____ Mom's work: _____

E-Mail Address: _____ (Booster Club communication only)

If we are unable to contact either parent, please give us the names of two other persons to contact in case of an emergency.

1. Name: _____ Address: _____ Phone#: _____

2. Name: _____ Address: _____ Phone#: _____

In the event of an accident or illness where medical care and/or hospitalization is deemed necessary and none of the above listed individuals can be contacted, do you give the Coach or Pool Manager permission to:

1. Contact your family physician? Yes _____ No _____

Physician's Name

Address, City

Phone#

2. Send or transport your child to the hospital? Yes ___ No ___ Hospital Preference: _____

Please list any known allergies, existing medical conditions and/or and regularly taken medications:

Consent to Participate:

I give consent for my child/children listed above, to participate in swim/dive team activities as directed by the Head Coach and/or his/her Assistant Coaches. I certify that my child/children is/are physically fit to participate in all activities. I will not hold Northwest Swim Team or Northwest Swim Club responsible for accident or injury to my child/children.

Parent/Guardian Signature

Date