

2019 - NORTHWEST SWIM & DIVE TEAM REGISTRATION

*Age the child will be on June 15, 2019 (as required by GCSL league rules)

1st Child's Name: _____

t-shirt size _____

Date of Birth: _____ Age*: ____ Male: ____ Female: ____

GCSL swim: ____ GCSL dive: ____ COSA: _____

1st Child Team Fee \$100 _____

2nd Child's Name: _____

t-shirt size _____

Date of Birth: _____ Age*: ____ Male: ____ Female: ____

GCSL swim: ____ GCSL dive: ____ COSA: _____

2nd Child Team Fee \$75 _____

3rd Child's Name: _____

t-shirt size _____

Date of Birth: _____ Age*: ____ Male: ____ Female: ____

GCSL swim: ____ GCSL dive: ____ COSA: _____

3rd Child Team Fee \$50 _____

4th Child's Name: _____

t-shirt size _____

Date of Birth: _____ Age*: ____ Male: ____ Female: ____

GCSL swim: ____ GCSL dive: ____ COSA: _____

4th Child or more Free

Total Team Fee _____

Register and pay by June 1 to get a Free T-shirt for your team members.

Mail Check and Forms to NWSC, PO Box 20015, Col, OH 43220

2019 Team Emergency Contact and Consent

Name of Parents or Legal Guardians: _____

Address: _____

City, State, Zip: _____

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

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

If we are unable to contact either parent, please give us 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 any regularly taken medication:

Consent to Participation:

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 Signature

Date

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