

NEWFIELD SWIM TEAM REGISTRATION FORM

Year 2018

NAME _____ BIRTHDATE _____

ADDRESS _____ AGE as of June 15 _____

ZIP CODE _____

PHONE HOME: _____ CELL # _____

****ALLERGIES: _____

PARENT/GUARDIAN NAME _____

EMERGENCY NUMBER CONTACT NAME AND PHONE INFO

FAMILY DR _____ PHONE _____

REGISTRATION FEE _____ CHECK # _____

POOL MEMBER: yes/no SWIM TEAM: ONLY yes / no

I give permission for my child to swim for Newfield Swim Team
_____ parent signature

I give permission for my child _____ to be treated in the emergency
room in the event I cannot be reached

**** IN THE EVENT OF EMERGENCY CHILD WILL BE TAKEN TO
CLOSEST EMERGENCY ROOM****

I hereby give my consent and authorization to permit my child or ward to participate in the Newfield Swim Team sponsored by Newfield Swim Club. I further accept full responsibility for the acts of my child or ward while participating in the above named activity, and hereby specifically release the Newfield Swim Club, Newfield Swim Team, its officers, members and coordinators from any obligation or liability in relation to, or arising from, the above named activity. N.J.A.C. 6:29-6.4

Realizing that such activity involves the potential for injury which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions those injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand the warning.

Signed _____ Date _____

Please list any allergies or medical conditions that the coaches should be aware of

**Any known planned vacation dates for this season _____