GATOR SWIM TEAM

ATHLETE AND FAMILY INFORMATION FORM

Family Last Name (Please Print)

Swimmer's Name: _____ DOB: _____ | Swimmer's Name: _____ DOB: _____

Swimmer's Name: _____ DOB: _____ | Swimmer's Name: _____ DOB: _____

Address: _____

City/State/ZIP: _____

Phone #: _____ Emergency/Daytime Phone #: _____

Parent(s) or Guardian: _____

E-mail Address: _____ Do you actively check your e-mail? ☐ Yes ☐ No

Does your child/ward have health insurance? ☐ Yes ☐ No

Medications or health conditions? ☐ Yes ☐ No If yes, please explain: _____

_____

Swimmer fees: $ _____ **Total Paid: $** _____

The undersigned parent(s) or guardian(s), hereby give my child(ren)/ward(s) permission to participate as a member of the GATOR Swim Team**. I have received a copy of the Gator Swim Team Handbook and/or know that it is readily available to me on-line and agree to abide by its terms can conditions**. The undersigned parent or guardian assumes all risks and hazards incidental to such participation as a member of the GATOR Swim Team in all swimming activities including but not limited to: practice participation; meet participation; team activities; and, transportation to and from such events or activities. In consideration of the GATOR Swim Team and person(s) associated with it providing my child/ward with an opportunity to swim and dive on the team I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the GATOR Swim Team, its sponsors, persons supplying pools for the use of participates either for practice or for swim meets, for and from any claims whatsoever arising out of injury to my/our child/ward, whether caused by negligence of said persons or organizations released or otherwise. For the consideration recited above, the undersigned person(s) agree that they shall not file suit for any said injury and if such suit should be filed, that they, the undersigned will indemnify the said GATOR Swim Team, all persons and organizations released and held harmless above against all liability, or damage resulting from said suit. I/we, also, understand that it is sometimes necessary to have emergency medical attention provided to my child(ren)/ward(s). If so, I give permission for this to be obtained if the parent/guardian cannot be immediately contacted. Such action is in conformity with the provisions of HIPPA (federal statutory provisions regarding health and privacy information) as effective on the date of execution of this document and as may be amended hereafter. My child/ward has no physical disability that would make swimming dangerous to him/her. Should I have a reasonable belief to indicate that my child/war has such disability I will advise Coach Steve Franklin in writing.

Date: _____ Parent/Guardian Signature: _____

USA SWIMMING

2011 ATHLETE REGISTRATION APPLICATION

LSC: OZARK SWIMMING

REG. DATE / OFFICE USE ONLY

PLEASE PRINT LEGIBLY · COMPLETE ALL INFORMATION:

LAST NAME | **LEGAL FIRST NAME** | **MIDDLE NAME**

PREFERRED NAME | **DATE OF BIRTH** (MO./DAY/YR.) | **SEX** (M/F) | **AGE** | **CLUB CODE** | **NAME OF CLUB YOU REPRESENT**

CLUB CODE: G A T R — GATOR SWIM TEAM

IF UNATTACHED ENTER UN

FATHER/GUARDIAN LAST NAME | **FATHER/GUARDIAN FIRST NAME** | **MOTHER/GUARDIAN LAST NAME** | **MOTHER'S FIRST NAME**

MAILING ADDRESS

CITY | **STATE** | **ZIP CODE**

AREA CODE | **TELEPHONE NO.**

U.S. CITIZEN? ☐ YES ☐ NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ☐ YES ☐ NO

IF YES, WHICH FEDERATION: _____

DISABILITY:
- ☐ A. Legally Blind or Visually Impaired
- ☐ B. Deaf or Hard of Hearing
- ☐ C. Physical Disability *such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment*
- ☐ D. Cognitive Disability such as *mental retardation, severe learning disorder, autism*

ETHNICITY (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate):
- ☐ Q. African American
- ☐ R. Asian or Pacific Islander
- ☐ S. Caucasian
- ☐ T. Hispanic
- ☐ U. Native American
- ☐ V. Other

MAKE CHECK PAYABLE TO:
Gator Swim Team

MAIL APPLICATION & PAYMENT TO:
Gator Swim Team
C/O Greg Schmidt, Treasurer
3507 Mallard Dr.
Cape Girardeau, MO 63701

REGISTRATION FEE	
USA Swimming Fee	$47.00
LSC Fee	$5.00
TOTAL DUE	**$52.00**

YEAR LAST REGISTERED _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2006, ENTER THAT CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ___/___/___.

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

SIGN HERE x_____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

☐ CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES