



ATHLETE REGISTRATION FORM

2011/12

Athlete's Last Name: _____ First Name: _____ MI: _____ DOB: _____ / _____ / _____

Name of Parent(s) or Guardian: _____

Address: _____

City/State/ZIP: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____ Send me GatorNews notifications via text/SMS

E-mail Address: _____ @ _____ Send me GatorNews notifications via email

Does your child/ward have health insurance? Yes No Medications or health conditions? Yes No If yes, please explain on back of this form

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 Team Handbook and/or know that it is readily available to me online 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

2012 ATHLETE REGISTRATION APPLICATION LSC: OZARK SWIMMING

REG. DATE / OFFICE USE ONLY

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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
				G A T O R	GATOR SWIM TEAM

FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS

U.S. CITIZEN: YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

- 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 severe learning disorder, autism

- RACE AND ETHNICITY** (You may make up to two choices if appropriate):
- Q. Black or African American
 - R. Asian
 - S. White
 - T. Hispanic or Latino
 - U. American Indian & Alaska Native
 - V. Some Other Race
 - W. Native Hawaiian & Other Pacific Islander

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	\$48.00
LSC Fee	5.00
TOTAL DUE	\$53.00

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2011, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____

HIGH SCHOOL STUDENTS - Year of high school graduation: _____

SIGN HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

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.

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)