**Hillside Swim Team Registration 2022**

**All forms must be turned in before your child can get in the water to practice**

|  |
| --- |
|  |

**Swimmers Last Name**

All swimmers in the family.

**First Name** **Date of Birth**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
|  |

**Parents/Guardians Last Name, First Name**

Address City Zip

|  |  |  |
| --- | --- | --- |
|  |  |  |

Email Cell phone # and name w/ number

|  |  |
| --- | --- |
|  |  |

**Medical information**

Health Insurance Company Doctor’s Name and phone number

|  |  |
| --- | --- |
|  |  |

**Emergency Contact Information**

Full Name & Relationship

|  |
| --- |
|  |

Full Address

|  |
| --- |
|  |

Cell Phone work phone

|  |  |
| --- | --- |
|  |  |

**Agreement, Waiver and release for a minor.**

I am aware that participation on the Hillside Swim Team has some inherent risks and injury can occur. I hereby authorize the directors to act for me according to their best judgement in any emergency requiring medical attention to my child. I waive and release Hillside Swim Team, Pool, it’s coaches and volunteers from any and all claims for personal injury. I will be responsible for medical or other charges in connection with his/her involvement in the program. I attest I am 18 years or older and my child is physically fit and have no known medical conditions which prohibit participation in this sport. I have read this waiver and agree to the contents.

|  |
| --- |
|  |

Parent Signature and Date

**2022 FEES:** Members $70.00, Non-Members $90. We prefer Credit Card payments (if you can use the PayPal QR code) You may pay online or in person at hillsidepool.com