

Drummond Hill Swim Team 2011 Registration Form

www.drummondhillpool.org

Swim Team Fee: \$40 per child, not to exceed \$100 per family.

Write check for total Swim Team Fee cost payable To: **Drummond Hill Swim Team**

Send completed and signed Registration Form, Parent Participation Form, and payment by May 25, 2011 to: **Scott Armiger, DHST Steering Committee, 15 Keenan Ct., Hockessin, DE 19707.**

PLEASE NOTE: SWIMMERS WILL NOT BE ALLOWED TO PRACTICE UNTIL THE REGISTRATION FORM WITH MEDICAL RELEASE IS COMPLETE AND THE FULL PAYMENT IS MADE.

Family Last Name (as should appear on family folder): _____

Father's Full Name _____

Father's Mailing Address 1 _____

City _____ State _____ Zip _____

Mother's Full Name _____

Mother's Mailing Address 2 _____

City _____ State _____ Zip _____

Home Phone _____

Father Phone (W) _____ Cell _____

Email _____

Mother Phone (W) _____ Cell _____

Email _____

Medical Insurance Co. _____

Policy # _____ Group # _____

Doctor Name: _____

Doctor Phone _____

**** Swimmer 1** _____ **Circle:** Male/Female **Age** as of 5/30/11: _____

Birth Date _____

Medical Conditions/Allergies: _____

Date Last Tetanus _____

**** Swimmer 2** _____ **Circle:** Male/Female **Age** as of 5/30/11: _____

Birth Date _____

Medical Conditions/Allergies: _____

Date Last Tetanus _____

**** Swimmer 3** _____ **Circle:** Male/Female **Age** as of 5/30/11: _____

Birth Date _____

Medical Conditions/Allergies: _____

Date Last Tetanus _____

**** Swimmer 4** _____ **Circle:** Male/Female **Age** as of 5/30/11: _____

Birth Date _____

Medical Conditions/Allergies: _____

Date Last Tetanus _____

Swim Team Fees: \$ _____ = Total Enclosed: \$ _____

MEDICAL RELEASE: I do hereby allow my child(ren) to participate in any practice, meet or function sanctioned by Drummond Hill Swim Team. I accept full responsibility for any and all liability and release Drummond Hill Pool, its officers and coaches from any financial liability due to injury or otherwise. If I cannot be contacted in the event of an injury to, or sickness of, my child(ren) during a meet or practice, I hereby give permission for the coach or their designee to administer first aid or obtain medical attention from a doctor or emergency center.

PHOTO RELEASE: I understand that my children may be photographed during the swim season, and that such photos may be included in the end of-year slideshow, newspaper articles, website postings, etc. In no case will the child's name be associated with their photograph.

SIGNED _____

DATE _____