

2017 KNOLLWOOD/PLANTERS ROW (KWPR) SWIM TEAM REGISTRATION

<u>SWIMMER'S NAME</u>	<u>M/F</u>	<u>BIRTHDAY</u>	<u>AGE AS OF MAY 31</u>	<u>WOULD YOU CONSIDER CHILD A BEG / INT / ADV SWIMMER?</u>	<u>BIRTH CERTIF ON FILE</u>	<u>T SHIRT SIZE</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Address (include city and zip): _____

Contact Phone # _____ (home or cell?) e-mail address(es): _____

Father's name & Cell # _____ Mother's name & Cell # _____

KNOLLWOOD/PLANTERS ROW (KWPR) MEDICAL RELEASE

Family Physician _____ Physician Phone #: _____

Insurance Carrier _____ Policy # _____

I do hereby grant the bearer of this form my permission and consent to render emergency medical treatment for my swimmer(s). This authorization includes the power to consent to, and approve of, emergency medical treatment by a physician, hospital, or emergency care unit for such operations or procedures as are considered necessary or appropriate in the judgment of the medical staff of facility rendering the treatment. In addition, I understand that all expenses incurred in administering such treatment will be assumed and borne by me and are not the responsibility of SAIL or my child's team or club. I also understand that no claim may be made against SAIL or its insurance carriers until all claims have been made and answered by all other Insurance carriers on my swimmer.

Allergies/Special Conditions: _____

Parent/Guardian Signature Printed Parent/Guardian Name Signed Date

PARENT VOLUNTEER REGISTRATION

We need your help to make our swim program successful. Please indicate below the areas in which you would be willing to serve after getting more information and/or training. Select at least two areas from swim meet service and one area from general service.

<u>Areas of service at the swim meet:</u>	<u>Areas of service in general:</u>	<u>For Registrars Use Only:</u>
(Select Two)	(Select One)	
_____ Referee* _____ Runner	_____ Team Newsletter	Fee Paid _____
_____ Starter* _____ Concessions	_____ Publicity (neighborhood signs)	Computer _____
_____ Stroke & Turn Judge* _____ Ribbons	_____ Computer	Volunteer _____
_____ Timer* _____ Records, Asst	_____ Team pictures	Pool Member _____
_____ Records* _____ Clerk of Course, Asst	_____ T-shirts	
_____ Clerk of Course ⁸	_____ Telephoning	
*training and certification required	_____ Spirit	

For further information, please contact Sally Anderson (swimmersmom@bellsouth.net at 630-4284) or George Dowling (dowling927@bellsouth.net at 905-0077).
Form must be received by April 30 to avoid late payment fee. Swim Fee is \$100.00 per swimmer. Please make check payable to KWPR Swim Team.