

**THREE RIVERS SWIM CLUB**  
**2008 –2009 Mini-Session REGISTRATION**

Make \$95.00 check (per child) payable to Three Rivers Swim Club. \_\_\_\_\_  
(Today's Date)

Swimmer's name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle)

Gender  Male U.S. Citizen  Yes  
 Female Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  No

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Swimmer's name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle)

Gender  Male U.S. Citizen  Yes  
 Female Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  No

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Swimmer's name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle)

Gender  Male U.S. Citizen  Yes  
 Female Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  No

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Family Information:**

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail address for communication updates:** \_\_\_\_\_

USS Team Experience (name and list each child separately)

Name: \_\_\_\_\_ Team: \_\_\_\_\_ Last Date: \_\_\_\_\_

Name: \_\_\_\_\_ Team: \_\_\_\_\_ Last Date: \_\_\_\_\_

Name: \_\_\_\_\_ Team: \_\_\_\_\_ Last Date: \_\_\_\_\_

Father's (or Guardian's) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's (or Guardian's) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

# MEDICAL CARE AUTHORIZATION FORM

**Swimmer's Name:** \_\_\_\_\_

Significant medical history (allergies, injuries, surgeries, insect-allergies, diabetes, diseases, etc.)

\_\_\_\_\_

Medications currently being used: \_\_\_\_\_

Insurance coverage: Contact provider and number \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Swimmer's Name:** \_\_\_\_\_

Significant medical history (allergies, injuries, surgeries, insect-allergies, diabetes, diseases, etc.)

\_\_\_\_\_

Medications currently being used: \_\_\_\_\_

Insurance coverage: Contact provider and number \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Swimmer's Name:** \_\_\_\_\_

Significant medical history (allergies, injuries, surgeries, insect-allergies, diabetes, diseases, etc.)

\_\_\_\_\_

Medications currently being used: \_\_\_\_\_

Insurance coverage: Contact provider and number \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## To whom it may concern:

We hereby give full power of attorney to the Three Rivers Swim Club coaching staff or team chaperones to authorize and contact for such medical or dental care such as deemed necessary for (swimmers name)

\_\_\_\_\_ by a physician or dentist. Any such authorization and contact shall be on our behalf and in our name and stead.

Parent's (legal guardian's) name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to contact in emergency situation:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

We the undersigned, do hereby consent to allow our child (name) \_\_\_\_\_ to participate in all activities of the Three Rivers Swim Club. We do hereby waive any and all claims against the Three Rivers Swim Club, Inc. staff, Board of Directors, sponsors, or volunteers for injury or disability that he/she may sustain while participating in said activities or in transit to or from said activities. Furthermore, I give my permission for my child's (or children's) photographs to be used in media and promotional items related to Three Rivers Swim Club.

In witness whereof, we execute this instrument his day of \_\_\_\_\_

Legal Guardian(s): \_\_\_\_\_