

Member # _____ Check/Cash

HHCC Swim Team Registration

Swimmers Name	Date of Birth	Age (as of June 1)	Medical* Condition (Y or N)	Gender
1. _____	____/____/____	_____	_____	M / F
2. _____	____/____/____	_____	_____	M / F
3. _____	____/____/____	_____	_____	M / F
4. _____	____/____/____	_____	_____	M / F

Parent/Guardian Names: _____

Mailing Address: _____

Phone #s:

Parent/Guardian#1: _____ (H) _____ (W) _____ (C)

Parent/Guardian#2: _____ (H) _____ (W) _____ (C)

EMAIL #1: _____

EMAIL #2: _____

Emergency Contact (other than parents)

Name: _____ phone # _____

Permission Form:

My child/children have permission to take part in the activities of the HHRC Swim Team for the 2011 season. I have read and understand the medical statement below. To my knowledge my child/children have no medical conditions that would prohibit them from participating in those activities. I give my permission for the HHRC staff to seek appropriate medical treatment for my child/children in the event of an emergency or illness. I understand that HHRC staff will call 911 if necessary and that my child/children may be transported to a medical facility. I will be responsible for any and all costs associated with that medical treatment.

Parent Signature: _____

Date: _____

***Medical** Please indicate with a Y (yes) or N (no) if your child has a medical condition the coaches should be made aware of. (for example: allergies, asthma, diabetes or anything that could require emergency medication or treatment.) **If yes**, please write the child's name, a brief explanation of the condition and the required treatment on the back of this form. This information is helpful to medical workers in the event of an emergency or illness. **Please understand that because the HHRC staff is unable to administer medications, a parent or responsible adult should be at all practices and meets with the appropriate medications or interventions.** (epi-pens, inhalers, juice etc.)