



GRANITE SWIM TEAM REGISTRATION

Registration Fee: \$50 per swimmer.

Is this your first year on the swim team? Yes No

Are you registering for the swim team , dive team , or both ?

(If more than one child is being registered on this form, put a "✓" next to the child's name if he or she is only registering for dive, and a "*" next to the child's name if he or she is registering for both swim and dive.)

Swimmer's Full Legal Name	Preferred Name	M/F	Birth Date	Age on 06/01/08	Age Level	Paid	
						Amount Paid	Check No.

Parent/Guardian Information: Are you willing to have name, address, phone number and email address published in a swim team directory? Yes No

Mother's Name _____ Mother's Address _____ State _____ Zip Code _____
 _____ Yes No
 Mother's Home Phone Number _____ Mother's Work Phone Number _____ Mother's Email Address _____ Same email as last year?

 Father's Name _____ Father's Address _____ State _____ Zip Code _____
 _____ Yes No
 Father's Home Phone Number _____ Father's Work Phone Number _____ Father's Email Address _____ Same email as last year?

Who has custody of children? Mother Father Both Guardian
 With whom do children reside? Mother Father Both Guardian

Please list all dates swimmers will be out of town and unavailable to swim at any meet:

Which jobs are you going to do at the swim meets? _____

Which three (or six halves) meets do you plan to work? _____

Parent volunteers are needed to help at special team spirit events (Spirit Week, Pancake Breakfast, Spaghetti Supper, Swim under the Stars, Swim Banquet). At which one will you work ?

For Registrar Only:

Swim Booklet Distributed: Number of Caps Distributed: Number of T-Shirts Distributed:

Emergency Information

Last Name: _____

Children's Names: _____

Parents' Names: _____

Parents' Phone Number: _____

Physician's Name: _____

Physician's Phone Number: _____

Health Insurance Provider: _____

Health Insurance Number: _____

Emergency Contact (other than parent): _____

Emergency Contact's Phone Number: _____

Do any of the swimmers have a medical condition of which the coaches should be aware? Yes No

If yes, please explain: _____

Medical Permission

As the parent or legal guardian of _____, members of Granite, I acknowledge that my child/children will participate in practices, swim meets, and other swim team events.

If my child/children require medical attention, I hereby give Granite, it's coaching staff or designee, permission to authorize medical treatment including, but not limited to, emergency room treatment.

I hereby release Granite, it's coaching staff or designee from all claims that may arise out of the exercise of this authority.

Signature of Parent or Guardian

Date