

# COMMERCE TIGER SHARK REGISTRATION FORM

The Commerce Tiger Shark Swim Team is a member of the North Georgia Swim League (NGSL) and part of the Commerce Parks & Recreation Program. The purpose of the swim team is to improve the swimming skills of the participants and to introduce them to competitive swimming. We hope to build the swimmers' self-esteem and encourage sportsmanship as well as enhance their general physical well being. The Commerce Tiger Shark Swim Team is self-funded through registration fees, concessions, donations and sponsors. **The registration fee, will be \$80.00 In-City & \$ 100.00 Out of City** and will include all instruction. Swimmers must provide their own swimsuit, cap and goggles. A preferred swimsuit and place of purchase will be recommended but is not mandatory.

## Swimmer Information

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Birthday (MM/DD/YY): \_\_\_\_\_ School \_\_\_\_\_

Age as of 06/01/09: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Swim Experience: \_\_\_\_\_

Have you ever been on a swim team? Y or N

If so, Team & When? \_\_\_\_\_

Please list any planned vacation dates: \_\_\_\_\_

## Emergency Contact Information

Home Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Child Illnesses or Allergies: \_\_\_\_\_

Child Physical disabilities or problems: \_\_\_\_\_

In consideration of the benefits flowing to the participant as a result of competitive swimming program, the undersigned hereby waives, releases and forever discharges the Commerce Tiger Shark Swim Team and its officials, employees, and agents from any and all claims, demands, damages, actions, causes of action or suits of whatsoever kind or nature including, without limitation, property damage or bodily injury suffered by the participant as a result of or in connection with the competitive swimming program, including, without limitation, any travel associated there within. Being fully aware of the risk of bodily injury, the undersigned does further agree that the participant assumes the risk of any danger involved in the competitive swimming program. Being desirous of arranging for medical care and treatment of our minor child during his/her participation in the competitive swimming program, I do hereby authorize the Commerce Tiger Shark to act in the following matters in behalf, place and stead:

- To obtain and authorize medical care for said minor child or children listed on registration form at any hospital, emergency medical center, or any other health or medical facility: by any doctor, osteopath, nurse, surgeon or any other practitioner of a healing art:
- To do any other thing or perform other act, not limited to the foregoing, which undersigned might do in person, in order to provide for the medical care and welfare of the minor child listed on registration form; The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child listed, and to hold the Commerce Tiger Shark Swim Team, its officials, employees and agent authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. This medical authorization shall remain in effect for the period of one year from the date given below.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Signature of Parent/Legal Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_