

TARA TARPONS SWIM TEAM REGISTRATION 2012

Parent/Guardian _____, _____
Last First

Tara Club member? (Circle) Yes No E-mail: _____
(must be paid to register at member rate)

Address _____
Street City State Zip

Home phone: (____) _____ - _____ Cell: (____) _____ - _____

Swimmers (Please give full name if last name is different)

	Child's name <small>(Last, First)</small>	DOB <small>(MM/DD/YYYY)</small>	T-shirt <small>(YS, YM, YL, S, M, L, XL)</small>	Sex
1.	_____	____/____/____	_____	M F
2.	_____	____/____/____	_____	M F
3.	_____	____/____/____	_____	M F
4.	_____	____/____/____	_____	M F
5.	_____	____/____/____	_____	M F

Emergency contacts that can be reached during swim team hours:

Name _____	(____) _____ - _____ Phone	Relationship _____
Name _____	(____) _____ - _____ Phone	Relationship _____

Physician's name: _____ Phone: (____) _____ - _____

Insurance company: _____ Policy# _____

Fee schedule (Tara Club members):

Total cost (includes T-shirt)
 One \$70 Two \$125 Three \$180
 Four \$235 Five \$290

Swim team ONLY (nonmember):

\$100 per swimmer
 Number: _____ X \$100 = _____

MEDICAL TREATMENT CONSENT AND LIABILITY RELEASE:

I, the undersigned parent/guardian, do hereby grant permission for my child(ren), as disclosed on this enrollment form, to receive medical treatment in the event of an injury or illness while attending practice and/or swim meets involving Tara Swim Team, and I accept responsibility for the full payment of such medical treatment. I hereby release, acquit, and forever discharge the Tara Swim Team, the Tara Swim and Racquet Club, Inc., the Tara Swim Team coaching staff, and their representatives, and do further hold all such parties harmless in the exercise of this authority, and do hereby release each of them from all liability for any and all loss or damage, any claim for damages resulting thereof, on account of injury to my child(ren) while attending practice and/or swim meets in any way relating, regarding, or pertaining to the Tara Swim Team.

 Parent/Guardian Signature Date

Paid by: Check# _____ Date: _____ Received by: _____
 Cash (initials)