



MANCHESTER SWIM CLUB

2011

LONG COURSE TEAM REGISTRATION



LAST _____ FIRST _____ MI _____ M _____ F _____ DOB _____

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LEVEL OF SWIMMING EXPERIENCE:

SWIMMING LESSONS COMPLETED _____

SWIM TEAMS YOUR SWIMMER HAS PARTICIPATED ON: _____

STROKES YOUR SWIMMER IS ABLE TO PERFORM:

FREESTYLE _____ BACKSTROKE _____ BREASTROKE _____ BUTTERFLY _____

STREET ADDRESS _____

TOWN _____ **ZIP CODE** _____

PARENT/GUARDIAN _____

PHONE: home _____ **work** _____ **cell** _____

EMERGENCY CONTACT _____ **Phone** _____

(someone other than parent or guardian)

Payment:

Each swimmer:

Due by March 15th: ~First payment - non-refundable 100.00 ~Kitty fund initial deposit 50.00 ~USA Registration 33.50 for seasonal or 58.00 for full. This only applies if you are not currently USA registered.

You cannot swim out-of-state with a seasonal-only membership.

Due by May 30th - 100.00

Due by June 30th - 100.00

PARENT OR GUARDIAN APPROVAL

SIGNATURE _____ **DATE** _____

For MSC use only:

PAYMENT \$ _____ **CHECK NUMBER** _____ **DATE** _____

PAYMENT \$ _____ **CHECK NUMBER** _____ **DATE** _____

Medical Information – Please fill out 1 medical form for each swimmer.

Swimmer's name _____

1) Does this swimmer have any medical conditions that the coaching staff should be aware of?

Circle one: yes no

2) Does this swimmer have any allergies the coaching staff should be aware of?

Circle one: yes no

3) Has this swimmer had any injuries the coaching staff should be aware of?

Circle one: yes no

4) Is this swimmer taking any medications the coaching staff should be aware of?

Circle one: yes no

5) My child has permission to take Tylenol or Advil if needed.

Circle one: yes no

If you circled yes to to any question other than question (5), please list specifics here.

Manchester Youth Aquatics, Inc. Emergency Medical/Hospital Release and Indemnification

Parent/Guardian Name: _____

Telephone: Home _____ Work _____ Cell _____

Address: _____

Doctor's Name: _____ Telephone: _____

Medical Insurance: _____

Emergency Contact: (someone other than parent or guardian)

Name: _____ Relationship: _____ Telephone: _____

Address: _____

HOLD HARMLESS AGREEMENT

I agree to indemnify and hold harmless the Town of Manchester, Manchester Youth Aquatics, Inc. D/B/A Manchester Swim Club, (Club) and all of their officers, committee members, agents and employees, from all claims, liabilities, losses damages and expenses which in any way may arise from my child's participation in club activities, including without limitation, all claims which my child and his or her parents or guardians may have for personal injuries. To the best of my knowledge my child is in good physical health and able to participate in all club activities. In case of a medical emergency, I authorize the Club and its coaches to render and seek all necessary medical care.

Signature of Parent/Guardian Date

Please read each statement below and if you understand and agree place your initials in the space next to the paragraph to signify your understanding and agreement:

1) ____ In the event my child needs emergency medical care while participating on The Manchester Swim Club swim team program, and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: _____

Name of Hospital

However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

2) ____ In the event my child needs emergency medical care while on The Manchester Swim Club, I hereby give permission for the hospital to give such emergency treatment as is considered necessary and based on the appropriate medical judgment, including the administration of anesthesia.

3) ____ I agree to assume all medical expenses incurred by my child while participating on The Manchester Swim Club swim team program.

MANCHESTER SWIM CLUB EMAIL REMINDER SYSTEM

To be able to keep our parents as well informed as possible, we use an email system. Through emails, we are able to remind you of meets, meet sign-up deadlines, activities, fund raisers, etc.

We also use this system and the cell phone texting system to inform you of any cancellations due to inclement weather or pool problems.

Please give us an email address which you check often. You may give us more than one address (ex. work and home, husband and wife, etc.), however, we are looking for parent or guardian email addresses, NOT swimmer's addresses. Thanks!

PARENT/GUARDIAN EMAIL INFORMATION

NAME _____

NAME OF SWIMMER(s) _____

_____ I WOULD LIKE TO BE PART OF THE EMAIL SYSTEM

EMAIL ADDRESS OF PARENT OF GUARDIAN _____

EMAIL ADDRESS OF PARENT OF GUARDIAN _____

EMAIL ADDRESS OF PARENT OF GUARDIAN _____

_____ I DO NOT HAVE AN EMAIL ADDRESS OR WOULD PREFER NOT TO BE CONTACTED THROUGH THIS SYSTEM. I UNDERSTAND THAT REMINDER PHONE CALLS WILL NOT BE MADE.

CELL PHONE ALERT SYSTEM

Please add my cellphone # _____ Cellphone Carrier Service _____

_____ Cellphone Carrier Service _____

I understand that I will be sent a text message in the case of practice cancellations, emergencies, and important MSC information only. (Please use parent cellphones only, not swimmers). Please note, text messages are a courtesy and are not guaranteed.

SIGNATURE _____ DATE _____

WEBSITE AGREEMENT

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Manchester Swim Club has an informational website. Meets, practice schedules, meet results, events, etc. are posted to this website. Your child's name may appear on this website (meet results, meets posted, etc.)

Pictures of swimmers may also appear on this website (team pictures, pictures at meets, events, etc.)

No personal information about a swimmer, such as their date of birth or address, will be disclosed on the web site.

Your signature allows us to post your swimmer's name and pictures to this website.

I GIVE MY PERMISSION TO POST MY CHILD'S/CHILDREN'S NAME(S) AND PHOTOGRAPH(S) TO THE MANCHESTER SWIM CLUB WEBSITE. (WWW.MANCHESTERSWIMCLUB.ORG)

SIGNATURE _____ DATE _____