

**Rice Lake Swim Club – 2011-2012 Season  
Registration Form**

**Registration Information:**

Swimmer's Name #1: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Present Age: \_\_\_\_\_

Grade presently in school: \_\_\_\_\_ Bronze Silver Gold (circle one)

Swimmer's Name #2: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Present Age: \_\_\_\_\_

Grade presently in school: \_\_\_\_\_ Bronze Silver Gold (circle one)

Swimmer's Name #3: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Present Age: \_\_\_\_\_

Grade presently in school: \_\_\_\_\_ Bronze Silver Gold (circle one)

Parent/Guardian's Name: \_\_\_\_\_

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

Street

Apt #

City

Zip Code

Phone Numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

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

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

*(Please list the name, relationship, and phone number of someone to be contacted if a parent or guardian cannot be reached.)*

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**Waiver Form**

In regards to the scheduled practice sessions held by the Rice Lake Swim Club during the season, I understand that my child is directly supervised **only** during the time he or she is in the pool with coaches on deck. During the time before and after my child's **scheduled** practice time, I understand that I am responsible for the supervision and behavior of my child.

In consideration of transportation of my child to any swim meet the Rice Lake Swim Club may participate in during the season, I hereby, for myself/ourselves, my/our heirs, administrators, and assigns, waive and release any and all claims against the driver, the Rice Lake School District, the City of Rice Lake, and the Rice Lake Swim Club, and their officers and staff for injuries and for expenses incurred by me/us at the meet, or while on the road to and from the meet.

Parent/Guardian Signature: \_\_\_\_\_

(Date)

**Rice Lake Swim Club**  
**Medical Authorization Information & Authorization for Participation**

**Activity:** Rice Lake Swim Club – 2010-2011 Season

**Time Period:** October 24, 2011 to February 5, 2012

**Emergency Treatment Information:**

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent-designated Clinic: \_\_\_\_\_

Parent-designated Hospital: \_\_\_\_\_

Parent-designated Physician: \_\_\_\_\_

I authorize the coaches of the Rice Lake Swim Club to seek emergency treatment for my child if I cannot be contacted. If my designated physician is unavailable, I authorize the coaches to seek emergency treatment with any physician at the nearest clinic or hospital.

Parent/Guardian Signature: \_\_\_\_\_ (date)

Telephone Number: \_\_\_\_\_

Please indicate any specific information relating to your child's health (conditions such as diabetes, asthma, allergies, etc.).

\_\_\_\_\_  
\_\_\_\_\_

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I hereby waive all rights to file an athletic injury claim against the Rice Lake Swim Club, its coaches, supervisors, officers, or board members, the Rice Lake School District, or the City of Rice Lake. I understand that medical expenses resulting from any injuries related to the swim club program will be paid by me or by my insurance company.

**REFUND POLICY:** No refunds will be given after the first week of practice unless a medical excuse is presented to the Rice Lake Swim Club Board. If a medical excuse is presented to the Board and a refund is approved, the refund will be prorated based on the number of weeks remaining in the season.

Parent/Guardian Signature: \_\_\_\_\_ (date)