

## Marlins Registration Form

Swimmer's last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ New  Age \_\_\_\_\_

Swimmer's last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ New  Age \_\_\_\_\_

Swimmer's last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ New  Age \_\_\_\_\_

Swimmer's last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ New  Age \_\_\_\_\_

Swimmer's last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ New  Age \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency-Cell # \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Returning Family  New Family  How did you hear about us? \_\_\_\_\_

Parent/Guardian Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Employer: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Work Phone: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

<b>Fees</b>	
Total number of swimmers registering	_____
First Swimmer 125.00	_____
Additional Swimmer 100.00	_____
Additional Swimmer 100.00	_____
Additional Swimmer 100.00	_____
<b>Total Fees Due</b>	<b>\$</b> _____

<b>For Office Use Only</b>	
<b>Fees Paid</b>	_____
	Date _____ Initial _____
<b>Parent Contract</b>	_____
	Date _____ Initial _____
<b>Medical Form</b>	_____
	Date _____ Initial _____
<b>Handbook Given</b>	_____
	Date _____ Initial _____

## Medical and Insurance Information

Swimmer's last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Swimmer's last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Swimmer's last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

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

Insurance Company Address \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy # \_\_\_\_\_ ID # (or SSN) \_\_\_\_\_

I/WE, the parents of the above named child (ren), who is a member of Turlock Marlins/Central Valley Aquatics, hereby give MY/OUR approval to his or her participation in any or all the activities of the Club. I/WE assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further release, absolve, indemnify, and hold harmless Turlock Marlins/Central Valley Aquatics, the organizers, sponsors, and the supervisors, any or all of them. In case of injury to MY/OUR child, I/WE likewise release from responsibility any person transporting MY/OUR child to or from activities.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT – MINOR

I hereby give my consent for all medical care prescribed by a duly licensed Doctor or Medicine for (Child(ren) Name(s)) \_\_\_\_\_ as his/her parent or legal guardian.

This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

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

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

List any medical problems or allergies:

\_\_\_\_\_

\_\_\_\_\_