

2004

'TANGY TORNADOES



SWIM & DIVE TEAM

FORMS TO BE FILLED OUT BY PARENTS

Please return to
Heidi Garverick
481 Welwyn Drive
Powell, Oh 43065
(614) 848-3036

'TANGY TORNADES 2004 SWIM/DIVE TEAM REGISTRATION

All swimmers **MUST** be registered, have paid their fees, and have signed waivers and health forms before being allowed to swim. **These requirements must be met by June 4, 2004.** A \$10.00 late fee will be assessed after June 4. **Final registration is Friday June 11.**

All swimmers must be able to swim one length of the pool without touching the bottom or sides of the pool. Outside swim lessons are strongly recommended for those needing stroke instructions. ALL swimmers must follow the rules established by the coaches.

Parent(s) Name: _____ Phone: _____

Address: _____ E mail: _____

Swimmers may not participate for any other swim organization during the outdoor swim season except to participate for an open United States Swimming Team.

Child's Name: _____ Age (as of June 1, 2003): _____ DOB: _____ M/F Diving: Y/N

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REGISTRATION FEES

SWIM TEAM ONLY \$60.00 per child

DIVE TEAM ONLY - \$60.00 per child

SWIM & DIVE TEAM \$90.00 per child

Number of children swimming only _____ x \$60.00 each = \$ _____

Number of children diving only _____ x \$60.00 each = \$ _____

Number of children swimming & diving _____ x \$90.00 each = \$ _____

Total Due \$ _____ Cash/Check # _____

Make check payable to Olentangy Swim Association. Please write "Swim Team or Dive Team" in memo section. A \$30 charge will be assessed for any checks returned.

RELEASE

Child's Name: _____ Child's Name _____

Child's Name: _____ Child's Name _____

The undersigned, parent (guardian) of the above-named child/children, in consideration of the acceptance of this registration form and of such child's/children's participation in any of the activities of the Olentangy Swim Association, Inc. ("OSA") Swim Team do hereby release and discharge OSA, its trustees, officers, employees, agents, volunteers, Swim Team coaches, and all other persons assisting directly or indirectly, in the conduct of the Swim Team activities (including, without limitation, in the transportation of such child/children to and from such activities) from any claim or liability of whatever nature arising out of injuries to or death of the above-named child/children in connection with such child's/children's participation in any activity relating to the Swim Team.

The undersigned understands that OSA is relying on this release, and the undersigned, as parent (guardian) of the above-named child/children, agree to be legally bound.

The undersigned parent (guardian) certifies that the above-named child/children have been examined by their physician and are medically fit to participate in the OSA Team activities.

PARENT (GUARDIAN): _____ New Team Member? _____ Yes _____ No

DATE: _____ Pool Membership Number _____

EMERGENCY INFORMATION

Child's Name

Child's Name

Child's Name

Child's Name

()

Address

Phone #

City

Zip Code

EMERGENCY CONTACTS

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Parent or Guardian Mother's Name

Phone #

()

Parent or Guardian Father's Name

Phone #

()

If Parent or Guardian cannot be reached – Emergency Contact Name

Phone #

If you or your emergency contact cannot be reached, please indicate the doctor or hospital you want us to contact.

()

Doctor's Name

Phone #

Preferred Hospital

Facts concerning my child's medical history, including allergies (especially bee stings), medications being taken, and occurrences of seizures to which a physician should be alerted are listed as follows (be sure to specify which child):

Date

Signature of Parent/Guardian

Address

City

Zip Code