

# Ace Aquatics

## 2008/2009 Swim Team Registration

Non-Member please check

Swimmer's Name \_\_\_\_\_ Member No. \_\_\_\_\_

Swimmer's Age: \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent's Names \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Swim Group \_\_\_\_\_ See enclosed for group fees.  
(A=6-8) (B=9-10) (C=11-12) (D=13-18)

Please list any specific health problems, physical limitations, or allergies that may affect or interfere with the athlete's ability to participate in the full program..

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Please list names/numbers of people other than parents to contact in the event of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**No refund will be given after October 1st**

**Swim team payments are billed Sept. 1st and Nov. 1st in two equal installments**

### RELEASE FORM

I, \_\_\_\_\_, understand that in all/any physical activity an element of risk is involved. I give my child, \_\_\_\_\_ permission to participate in the Saw Mill Club Ace Aquatics Swim Team Program.

I release Saw Mill Club, their employees and agents, from any and all liability for injury and loss which may occur during my child's participation in the Saw Mill Club Ace Aquatics Swim Team and Training Program.

In case of an emergency, I give permission to the Saw Mill Club Staff to take, or have my child transported to a hospital for treatment, including evaluation of injuries, x-rays and needed care.

Signature \_\_\_\_\_ Date \_\_\_\_\_