

2006 Chantilly Highlands Dolphins Summer Swim Team Registration Form and Medical & Emergency Care Information

Please complete one form for each child.

Swimmer's Name: _____ Gender: _____

Date of Birth (month/day/year): _____ Age as of **6/15/2006** _____

Address: _____

Home Phone: _____

Primary Family E-Mail Address: _____

Secondary E-Mail Address: _____

Medical and Emergency Care Information

Mother's Name: _____ Work Phone: _____

Cell Phone: _____

Father's Name: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

Relationship to swimmer: _____ Phone: _____

Insurance Company: _____

Personal ID #: _____ Group #: _____

Physician: _____ Phone: _____

Known Allergies: _____

Medications carried at all times: _____

Medications taken on a daily basis: _____

Surgeries in the past 12 months: _____

Currently under Physician's care for: _____

I give permission for my child's picture to appear on the Chantilly Highlands Dolphin's website.

(initial)

Liability Waiver & Emergency Care Permission

Parent or Guardian Must Sign this in the Presence of a Swim Team Committee Member

As the parent/legal guardian of the above named minor, I grant permission for the swimmer to participate in all activities of the Chantilly Highlands Swim Team. I represent and warrant that the above named minor is in good health and has no physical condition, ailment, or disability which renders them unable to participate in vigorous physical activity. For and in consideration of the benefits derived from the participation of my child in the winter swim team program, I personally, and on behalf of the minor assume all risks and hazards incidental to such participation, including transportation to and from such activities, and do hereby indemnify, release, hold harmless and waive all rights or claims of any kind whatsoever, against the Chantilly Highlands Swim Team and the Chantilly Highlands Homeowners Association and any other participants.

I hereby grant permission for first aid to be administered to the swimmer as deemed necessary. I further grant my permission, in an emergency, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Signature of Parent or Legal Guardian

Date