

REPUBLIC AQUATIC CENTER Swim Team Registration

\$75/person
Beginning of June – End of July

Participant Information

Participant Name: _____ Age as of _____ Sex: _____
First Last 06/01/2019

Street Address: _____

City: _____ State: _____ Zip: _____

Parent Information

Parent/Guardian Name: _____

Phone: _____ Email: _____

Medical Information

Does the participant have any medical condition the instructor should be aware of? (For example, diabetic or suffers from seizures.) Circle one: Yes No

If yes, please explain: _____

Session Information

	Session Time	Session Dates
Swim Team	TBA	TBA

My family and I hereby waive and release the Republic Aquatic Center and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of the Republic Aquatic Center activities. I give permission for my child to be photographed while participating in Republic Aquatic Center activities, and to use any photographs of my child for Republic Aquatic Center purposes.

Signature: _____ **Date:** _____

Parent's signature required for all participants less than 18 years of age.

SWIMMER T-Shirt Size (Included with \$75 fee) _____ (please indicate youth or adult size)

Extra Shirts (\$10 Each: cash only) - Quantity _____ Size(s) _____

<u>Office Use Only</u>		
Paid _____	Date _____	Initials _____
Cash _____	Check # _____	Charge _____