

Laurel Run Swim Team Application

Swimmer's Name: _____ M/F _____ Age as of **July 24th**: _____

Address: _____ Date of Birth: _____

_____ Is this your 1st year in the program? Y N

T-Shirt size: Youth: S M L

Parent's/Guardian's Name: _____ Adult: S M L XL

_____ Cell Phone No: _____

_____ Home Phone No: _____

Address: _____ Work Phone No: _____

_____ Email: _____

Does the Swimmer have any Allergies or Health issues: No: _____ Yes: _____

Please identify: _____

Emergency Contact (Other than parents):

Name _____ Phone No. _____

Name _____ Phone No. _____

Physician: _____ Hospital Preferred: _____

Medical Insurance: Company: _____ Policy No.: _____

(Print Parent or Guardian's name) _____ gives permission to have the above named swimmer treated in the event of a Medical emergency and state that I am legally authorized to do so.

_____ (Parent's signature)

RELEASE OF LIABILITY

I individually and on behalf of the above named minor child recognize that there are certain inherent risks associated with swimming and participating on a swim team. I assume full responsibility for personal injury to such child. I further release and discharge Laurel Run Swimming Association and its Board of Directors for any and all injuries, loss or damage arising out of the minor child's use of or presence upon the facilities and property of Laurel Run Swimming Association and the child's participation as a member of the swim team whether caused by Laurel Run Swimming Association or other third parties. **I HAVE READ THIS DOCUMENT AFTER HAVING HAD THE OPPORTUNITY TO CONSULT WITH LEGAL COUNSEL OF MY CHOICE AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS. I AM LEGALLY AUTHORIZED TO SIGN THIS RELEASE ON BEHALF OF THE ABOVE NAMED CHILD.**

Parent/Guardian's Signature: _____

Relationship to Participant: _____

Parent/Guardian's Printed Name: _____

Team Fees: 1st Child: \$115.00

Additional children: 70.00

High School Swimmer: 60.00

LRSA Member _____

NEW Member _____

Total: _____ Check No: _____

Make check payable to: **LAUREL RUN SWIM TEAM**

*Fees: \$13.00 of your fee is paid to the Berks County Swimming Association for membership. And a \$30.00 fundraising per family.

** HS swimmer if first child in a family must pay \$30.00 fundraising fee.