

South Charleston Community Center

Swim Team Registration

First Name: _____ Last Name: _____

Address: _____

City/State _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Age: _____ Date of Birth: _____ Swim Suit Size _____

Parents Name: _____ Email _____

Emergency Contact & Phone: _____

PARENT AUTHORIZATION: I certify that my child is in good physical health and can participate in the Swim Lesson Program. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Swim Instructor to secure proper treatment and/or hospitalize my child. I understand that the Swim Team Program **DOES NOT** provide medical insurance and that I am responsible for my child's medical expenses. In consideration of this registration, both the participant and parent/guardian each acknowledge that participation is at the participant's sole risk and each agrees to hold harmless the City of South Charleston, South Charleston Community Center and all employees and or/ volunteers of said agencies.

Signature of Parent or Guardian

Please return this registration form along with the **\$30.00 registration fee for(1)-Child, each additional Child is \$20.00** to the South Charleston Community Center

