

SWIM TEAM REGISTRATION

SOUTH CHARLESTON COMMUNITY CENTER

Name(First, Last): _____

Age: _____ **Date of Birth:** _____

Address: _____

City/State: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Parents' Name: _____ **Email:** _____

Swim Suit Size: _____ **Shirt Size(YS-YL,AS-AXXL):** _____

Emergency Contact(Name & Phone): _____

PARENT AUTHORIZATION: I certify that my child is in good physical health and can participate in the Swim Team program. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Swim coach or 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 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, Little Creek Pool, and all employees and/or volunteers of said agencies.

Signature of Parent/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.



NOT ENDORSED BY KANAWHA COUNTY SCHOOLS

