

MANTA RAY SWIM CLUB
REGISTRATION, EMERGENCY CONTACT AND INTEREST FORM

Swimmers Name _____

Age _____ Birthdate _____ Sex M F

Mom and Dad's names _____

E-mail address _____

Swimmer's e-mail or additional e-mails _____

Home Phone Number _____ Swimmer's Cell _____

Mom's Cell _____ Work Phone _____

Dad's Cell _____ Work Phone _____

Address _____

In case of emergency and the coaches are unable to contact the parents, the coaches have permission to call the persons listed below:

Name and relationship _____ Phone _____

Name and relationship _____ Phone _____

Is the swimmer allergic to anything, such as medications, foods, bee stings?

No Yes If Yes, list _____

Does the swimmer have any physical, psychological or emotional condition(s) that the coaches should be made aware of? (Examples: diabetes, epilepsy, exercise-induced asthma) Note: If your child suffers from asthma and may need an inhaler during practice or meets, please feel free to give an extra to the coaches so it is available at all times should it be needed. This is true for other emergency meds as well.

No Yes If Yes, list _____

What school do you attend? _____

How many years have you been on Swim Team? _____

Will you be participating in any other sports or activities this season? Any vacations planned?

No Yes If yes, which one(s) and when? _____

Stroke to swim: Favorite? _____ Least Favorite? _____

Is there anything else you would like the coaches to know about you? _____

MANTA RAY SWIM CLUB
PERMISSION/WAIVER FORM

My child/ward, _____, has permission to participate at M.A.S.A. in the Manta Ray Swim Club. I hereby expressly waive any and all causes of action which I or my child/ward might have against M.A.S.A., Inc., the Manta Ray Swim Club, and/or the coaching staff involved as a result of any injury or damages that may be suffered due to participation in the practices and/or swim meets.

I further acknowledge that he/she assumes entire responsibility for any loss, damage, or injury that may be sustained by participation in this program.

I further give my permission to the representative to consent to the rendering of needed medical attention by the nearest physician and/or hospital in the event of an emergency caused by an accident or injury to my child/ward.

I assume responsibility for my property and MASA is not responsible for any loss that may occur.

Parent/Guardian Signature

Date