

# Rutherford Area Swimming Club~ Water Rats – 2007

Family Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Other email address(es): \_\_\_\_\_

## Parent Information

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ W-mother: \_\_\_\_\_ W-father \_\_\_\_\_

Cell-mother \_\_\_\_\_ Cell-father \_\_\_\_\_

## Rutherford Swim and Dive Team Registration

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Swim \_\_\_\_\_ Dive \_\_\_\_\_ Tshirt size \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_ Current medical issues \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Swim \_\_\_\_\_ Dive \_\_\_\_\_ Tshirt size \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_ Current medical issues \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Swim \_\_\_\_\_ Dive \_\_\_\_\_ Tshirt size \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_ Current medical issues \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Swim \_\_\_\_\_ Dive \_\_\_\_\_ Tshirt size \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_ Current medical issues \_\_\_\_\_

Name of Family's insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # \_\_\_\_\_ Reg. Physician: \_\_\_\_\_

## Registration Fees

1<sup>st</sup> Child (\$90.00)

2<sup>nd</sup> Child (\$75.00)

3<sup>rd</sup> Child (\$60.00)

4<sup>th</sup> Child (\$50.00)

\*\* If a child signs up for swim and dive, twenty dollars will be deducted from the total registration cost.

## Parental Permission

I authorize my child(ren) to participate as a member of the RFD Swim and/or Dive Team, and I affirm that there are no medical, or other, reasons to prevent his/her/their complete participation in practices and competitive events.

I agree to assume full responsibility for my child(ren)'s transportation to and from all related activities, and for all his/her/their actions apart from practice and actual competition.

I understand that **this sport requires parent volunteers**. I agree that if my child is participating in swim/dive meets that at least 1 parent will volunteer for all home meets and at least one away meet. I agree that if I don't sign up, that an assignment will be given to me.

I understand that this is a team sport. I agree that, if eligible, my child will be available to swim on Saturday mornings or Dive on Tuesday nights. I also agree that I will notify the coach in writing if my child will not be able to swim on a Saturday morning no later than the Tuesday before the meet. I will review with my child(ren) the safety and other rules of the Rutherford Area Swimming Club Corporation (RASCC).

I understand that the RASCC does not provide medical insurance. Parents (guardians) agree to be responsible for all medical bills incurred by the swimmer(s) and /or diver(s). In consideration of this acceptance of your child, the undersigned parent or guardian agrees that he, in his own behalf, and on behalf of his child(ren), releases, indemnifies, and saves harmless Rutherford Area Swim Club Corporation and any or all Staff, officers, coaches, officials and other volunteers from all claims, proceedings, damages, and expenses which may be brought or asserted against Rutherford Area Swim Club Corporation or any or all Staff or which the undersigned or applicant may pay, sustain, or incur as a result of accident, illness, or misadventure while the child is participating in the swim and/or dive program(s). I hereby give my permission to Rutherford Area Swim Club Corporation to secure emergency medical treatment and to provide routine, non-surgical medical care for the minor child(ren) named above while participating in the swim and/or dive program(s). I certify that this information is true to the best of my knowledge:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to: **R.A.S.C.C.** Amount Paid: \_\_\_\_\_ Date Pd: \_\_\_\_\_

Check # \_\_\_\_\_

Received swim caps (swim team only): \_\_\_\_\_ Received Tee Shirts \_\_\_\_\_