

RIPTIDES SUMMER REGISTRATION FORM

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Best Contact Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Any special contact information?  
\_\_\_\_\_

Swimmer's names(include last name)	Sex	Birthdate	Age
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Previous swimming experience \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ phone \_\_\_\_\_

Doctor's name \_\_\_\_\_ phone \_\_\_\_\_

Special Medical conditions we should be aware of?  
\_\_\_\_\_

TERMS & CONDITIONS OF ENROLLMENT: I/We individually and as parents and/or legal guardians of the swimmer(s) HAVE READ AND ARE WILLING TO ABIDE BY THE RULES AND REGULATIONS OF THE SWIM TEAM and we do release ,indemnify,and hold harmless, Cutler Ridge Swimming Team("RIPTIDES"),Riptides Parent Booster Club,Town of Cutler Bay,and their owners,directors,employees,coaches,representatives,agents,successors,and assigns from and against,and all claims or liabilities arising from the use of the pool and facilities by my child's participation in Cutler Ridge Riptides Competitive Swimming Program.\*In case of accident or injury,where I cannot be reached,I give my permission to have my child (children) given medical treatment immediately. I also give my permission for my child to be taken to the physician named above,or if he cannot be contacted,to any physician or emergency hospital.

DATE \_\_\_\_\_

PARENT'S (Legal Guardian's) or Participant's(if over 18)Signature:

\_\_\_\_\_

Amount paid: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Please return with copy of health insurance card.

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