

**2006-2007 CAMEL MASTERS REGISTRATION FORM**

Full Legal First Name \_\_\_\_\_

Full Legal Middle Name \_\_\_\_\_

Full Legal Last Name \_\_\_\_\_

Preferred or Nickname \_\_\_\_\_

Gender, please circle one: Male Female Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyy

Previous USA club and LSC (if applicable) \_\_\_\_\_

Previous Masters club and LSC (if applicable) \_\_\_\_\_

Contact information:

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

Emergency Contact (optional):

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_

Please describe your level of experience and your practice plans and goals. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Information:

1) Do you have any medical conditions that the coaching staff should be aware of?

Circle one:    yes    no

2) Do you have any allergies the coaching staff should be aware of?

Circle one:    yes    no

3) Have you had any injuries the coaching staff should be aware of?

Circle one:    yes    no

4) Are you taking any medications the coaching staff should be aware of?

Circle one:    yes    no

If you circled yes to any of the above, please list specifics here.

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Medical consent:

- Initial \_\_\_\_ I understand that my participation with the CAMEL Swim Club Masters competitive swimming program may involve risk or injury.
- Initial \_\_\_\_ I fully understand the risks involved and voluntarily choose to participate in this program.
- Initial \_\_\_\_ I certify that the information I have provided is truthful and that I am physically fit and I know of no reason I cannot participate.
- Initial \_\_\_\_ In the event of an emergency, if I or a person listed above cannot be reached, I give the coaching staff of CAMEL Swim Club permission to seek medical advice and secure treatment for me.

Pictures of me may be published on the team website (circle one):

unrestricted                  password protected                  not at all

Pictures of me may be published in materials such as yearbook, season cd. (circle one) Yes    No

Initial \_\_\_\_ I understand that tuition payments are nonrefundable.

Master's signature \_\_\_\_\_ Date \_\_\_\_\_