

2007-2008 CAMEL 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

USA citizen, circle one: Yes No Citizen of other country: Yes No if Yes, country = _____

USA swimming requests that we ask ethnicity, you may decline to specify: _____

Previous USA club and LSC _____

Swimmer Contact information (optional)

Cell phone _____

E-mail _____

Parent or Guardian 1 Name _____

Street Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Preferred E-mail _____

Parent or Guardian 2 Name _____

Street Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Preferred E-mail _____

Other Responsible Adults I would like contacted in case of emergency:

Contact Name _____ Phone _____

Contact Name _____ Phone _____

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.

Medical consent:

Initial ____ I understand that my child's participation with the CAMEL Swim Club USA competitive swimming program may involve risk or injury.

Initial ____ I fully understand the risks involved and voluntarily choose to allow my child to take part in this program.

Initial ____ I certify that the information I have provided is truthful and that my child is physically fit and I know of no reason s/he 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 my child.

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

unrestricted

password protected

not at all

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

Initial ____ I understand that tuition payments are nonrefundable.

Parent/Guardian signature _____ Date _____

CAMEL Swim Club admits athletes without regard to race, color, religion, ability to pay, national origin or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to members of the Club. It does not discriminate on the bases of race, color, national origin, or ethnic origin in the administration of any of its policies or procedures or programs, or admission of scholarships.