

2008 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 _____ Birthdate ____/____/_____

Previous Masters club and LSC if applicable _____

Contact Information:

Street Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Preferred E-mail _____

Secondary E-mail _____

Please describe your level of experience and your practice and, if any, your competitive plans and goals

Are you interested in coaching pre-team, USA age group, senior or Masters swimmers? Yes No

Emergency Contact _____ Phone _____

Medical Information:

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

Circle one: y e s n o

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

Circle one: y e s n o

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

Circle one: y e s n o

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

Circle one: y e s n o

Please list specifics for any "yes" responses to the preceding four questions (use back if necessary):

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 dvd. (circle one) Yes No

Initial ____ I understand that tuition payments are nonrefundable.

Master's signature _____ Date _____