



SWIMMER(S) Registration Form 2018-2019

Family Information

Family Last Name: Street: City: Zip: PRIMARY Phone Number: (Cell) (Home) Email Address:

Swimmer(s) Names: (as used for USS Registration Numbers)

Table with 3 rows and 6 columns: Swimmer ID, FIRST NAME, MI, LAST NAME, M/F, DOB, GROUP

Mother's Name: Father's Name: Cell Phone: Employer:

Type of Registration

- Uncle Sam Renewal
New To USA-Swimming (BIRTH CERTIFICATE REQUIRED)
Transfer From Other USA-Swim Team (\$5 fee) -> AD Transform form required.

Phone Tree My contact information may be included in a team directory
Do NOT include my contact information in a team directory

E-mail Information

\* E-mail address required. They will be used to alert you to unforeseen/last minute changes and cancellations. You are responsible to inform us of changes in your E-mail address.

\*Most Frequently Used E-Mail
\*Swimmer's e-mail Swimmer's Cell #

Media Waiver By signing below, I give permission for Uncle Sam Swim Team to use photographs and/or the names of my child(ren) listed above for the sole purpose of promoting the Uncle Sam Swim Team.

Yes, I give permission No, I do not give permission

Waiver/Release of Liability Waiver -

Please read carefully before signing. This is a release of Liability and Waiver of Certain Legal Rights. I, the parent/guardian of the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity.

I agree to allow the participant to participate in the USAM Swim Program and hereby agree to indemnify and hold harmless Uncle Sam Swim Team, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the USAM Swim Program.

I authorize representative of Uncle Sam Swim Team to have the participant treated in any medical emergency during their participation in the USAM Swim Program. I agree to pay all costs associated with medical care and transportation of the participant.

I have noted on this form any medical/health problems of which the staff should be aware. (allergies, tetanus, medications, medical conditions)

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signature of Parent/Guardian Date: