

ICYCC SWIM TEAM REGISTRATION
PLEASE COMPLETELY FILL OUT THE FRONT AND THE BACK

NAME OF SWIMMER _____ **AGE ON JUNE 1ST** _____

NAME OF SWIMMER _____ **AGE ON JUNE 1ST** _____

NAME OF SWIMMER _____ **AGE ON JUNE 1ST** _____

Parent/Guardian Name(s) _____

Address _____

County you live in: _____ **Email address** _____

Day phone _____

Evening phone _____

Cell phone _____

ACKNOWLEDGMENT OF RISK STATEMENT

The undersigned is the parent or guardian of _____ and agrees to allow him/her to participate on the ICYCC Swim Team for the summer of 2019. I understand that my child's/children's participation on the ICYCC Swim Team is solely at his/her own risk. The ICYCC officers, employees, coaches and volunteers shall not be held completely free of blame for damage or injury arising from any matter directly or indirectly associated with participation on the ICYCC Swim Team.

PERMISSION FOR MEDICAL TREATMENT, PHOTOGRAPHY/VIDEO NOTICE, AND RELEASE AND INDEMNITY

In case of a medical emergency, I hereby grant permission to the coach or adult present or in charge, to obtain necessary medical attention in case of sickness or injury to my child, including but not limited to, hospitalization, securing proper treatment for, and to order injection and or anesthesia and /or surgery for my child/children named above. Also, I understand that as a participant, my child may be photographed or videotaped during normal swim team events, and these photos/videos may be used in promotional materials. I, the undersigned do hereby verify that the all information on this form is correct and I do hereby release and forever discharge ICYCC, its officers, coaches, directors, managers, member affiliates, employees, and or agents from any and all claims, demands, actions or cause of action, past present or future arising out of any damage or injury while participating in this event. I agree to indemnify ICYCC Swim Team, its officers, coaches, directors, managers, member affiliates, employees, and or agents from any and all claims, demands, actions or cause of action, past present or future arising out of any damage or injury while participating in this event.

THE INFORMATION BELOW IS NEED IN CASE OF AN EMERGENCY (ACCURACY IS NECESSARY)

Please list any allergies to medications _____

Please list any food allergies _____

Please list any medications (prescription or over the counter) that the swimmer is taking _____

Date of last tetanus shot _____ Does the swimmer wear contact lenses? _____

Family Physician _____ Phone _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the coaches and staff of the ICYCC swim team to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for the persons named on this form.

INSURANCE INFORMATION

Name of Insurance Company _____

Policy Holder _____ Identification/Policy Number _____

Group Number _____

Emergency Contact (other than the parents)

Name _____ **Day phone** _____

Evening phone _____ **Cell phone** _____

Signature of parent or guardian Clearly print name Date

If not a member of ICYCC, name of sponsor _____

Number of Children Participating _____ Amount due \$ _____ Date paid _____

Method of Payment: Check number _____ Cash _____