



SPCC Swim Team 2019 REGISTRATION FORM

\$195 Registration Fee

This registration should be completed for each swimmer in your family. Please provide a copy of swimmer's birth certificate to have on file. Please renew your club membership if seasonal, and submit applicable fees at the start of the summer season. Member accounts may be charged for registration.

Swimmer's Information

Child's Name: _____
Child's Age: _____ Gender: _____ Membership # _____
School: _____ Year Round Swim Club Team: _____

Parent/Guardian Information

Parent's Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Business Phone: _____
Cell Phone: _____ E-mail: _____

Emergency Contacts:

1. Name _____ Phone # _____
2. Name _____ Phone # _____

Member # for Billing: _____
Application Received: _____
Birth Certificate Received: _____
USA Swimming Registration Received: _____
Seasonal Membership Paperwork Submitted to SPCC Office: _____

HOSPITAL RELEASE

Child's full legal name: _____ Child's preferred name: _____

Child's birth date: _____ Child's gender: _____

Family Physician: _____ Phone # _____

Family Dentist: _____ Phone # _____

Child's Allergies: _____

Date of last DPT: _____ or tetanus shot: _____

Has child had: Surgery _____ Accidents: _____

Serious Illness: _____ Explain: _____

List identifying scars, birthmarks, skin discolorations: _____

Medical insurance company: _____

Policy Number: _____

I, _____, hereby give my consent to any hospital and/or licensed Physician to administer necessary treatment to the above-named child in the event of an emergency, at which time it is imperative, or I cannot be reached. I give my consent for my child to be transported by ambulance if the situation warrants.

I, _____ (parent/guardian) have enrolled my child, _____ in the Summer Youth Program at St. Petersburg Country Club (hereinafter referred to as "Club"). I fully recognize the risks of injury or illness inherent in participation in any Youth Program and I represent to the Club that I have consulted my personal physician or other health authority and my child is physically capable of participating in such program. I release the Club and/or its officers, directors, contract workers, agents, employees, from any and all liability of any kind or nature in connection with my child's participation in the Youth Program. I further indemnify and hold harmless the Club from any and all claims, actions, demands, costs, liabilities, fees and costs of judgments whatsoever. I hereby execute and deliver this Release and indemnification to the Club and induce the Club to permit my child's participation at my own risk and without any representations of any kind or character having been made by the Club and/or its officers, directors, employees, agents.

Parent/Guardian Signature

____/____/_____
Date