

ST. PETERSBURG



COUNTRY CLUB

## STORM Swim Team 2023 REGISTRATION FORM

This registration should be completed for each individual swimmer in your family to register for the *Storm Swim Team* at St. Petersburg Country Club. Please provide a copy of the swimmer's birth certificate to have on file in addition to this form. Member accounts may be charged for registration and related costs. This is step 1 of registration. Step 2 includes a payment to USA Swimming. Step 3 will be an online registration form for Florida Swimming. You will receive directions for the online process.

SPCC Registration and Team Cost: \$245 per swimmer\* / \$37.50 USA Swimming Athlete Registration

*\*Please note that cost includes meet swim suit, swim cap, coaching, and practices. Individual meet fees may apply based on competition and host club costs as requested.*

### Swimmer's Information

Child's Name: \_\_\_\_\_  
Membership Number: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Grade Year (Fall 23): \_\_\_\_\_  
School: \_\_\_\_\_ Year Round Swim Club Team: \_\_\_\_\_

### Parent/Guardian Information

Parent's Name or Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Emergency Contacts:

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_
2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

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*(Internal Office Use Only)*

Member # for Billing: \_\_\_\_\_ Application Received: \_\_\_\_\_  
Birth Certificate Received: \_\_\_\_\_ USA Swim Registration Complete: \_\_\_\_\_  
FL Swimming Application and Registration Completed: \_\_\_\_\_

# 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