

**Aberdeen Swim Club
Summer Season 2008
Participation Form**

The front and back of this form must be complete and returned prior to participation.

<u>Name</u>	<u>Birth date</u>	<u>Age</u>	<u>School Attending (Fall)</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parents/Guardian Name: _____

Address _____

Phone: _____ **Home**

_____ **E-mail**

_____ Please check if there is a change of address or phone.

Season USA Swimming & Swim Club Member Fees:

All swim club participants must be USA Swimming registered. **If your child participated in the winter 2007-2008 season, they are current USA Swimming registered and do not need to pay the USA registration fee.** All new swimmers for must complete the USA Swimming seasonal registration form. The cost is \$29.00 and must be paid to ASC. The USA seasonal registration is valid through the summer season. Please make checks payable to ASC and send to ASC treasurer, PO Box 1874, Aberdeen, SD 57402-1874.

A swim club member fee of \$180 per swimmer is due for the season. For families with more than one swimmer the second, third, etc. swimmer fee is \$130 per season.

Any outstanding balance of the previous swim season must be paid in full by April 21, 2008 to qualify as a member of the summer program.

Participation in competitive athletics may result in severe injury, including paralysis or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, however, it is impossible to eliminate such occurrences from athletics. Knowing and understanding the risks involved, I hereby give my consent for the above named athlete/s to represent the Aberdeen Swim Club in the sport of swimming. I give permission for the above listed swimmers to have their pictures used for ASC publications and promotions.

Parent/Guardian Signature _____ **Date** _____

Please complete and return no later than April 21 to:

ASC – Atten: coach Elyce
PO Box 1874
Aberdeen, SD 57402-1874

The medical release form on the reverse side must be complete and signed.

**Aberdeen Swim Club
Medical Authorization Form**

Swimmer Names _____

Please list specific information for each swimmer in the areas below if applicable

I hereby authorize the Aberdeen Swim Club to obtain, through a physician of its own choice, any emergency care for this student that may become reasonably necessary in the course of swim club activities, practice, swim meets, travel, etc. I or the insurance company providing coverage for the above named swimmer guarantees payment of all charges incurred for medical treatment.

Please include telephone number where relative or guardian can be reached in case of an emergency.

Mother _____ **Phone** () _____ **day**
() _____ **evening**
_____ **cell**

Father _____ **Phone** () _____ **day**
() _____ **evening**
_____ **cell**

Guardian _____ **Phone** () _____ **day**
() _____ **evening**

Physician _____ **Phone** () _____

Dentist _____ **Phone** () _____

Medical Insurance Co. _____ **Policy Number** _____

Allergies, physical conditions, or special medical problems:

Special Instructions to be followed:

Signature of parent/guardian

Date