

# Colorado Springs Swim Team



## 2007-2008 REGISTRATION & MEMBERSHIP AGREEMENT-SILVER TEAM

<b>Swimmer #1 - Last Name:</b> _____			<b>First Name:</b> _____			<b>Middle Initial:</b> _____		
Date of birth:			Age:			Gender: Male Female		
Swim Location(circle one): Colorado College			Coronado High School			Doherty High School		
Where does the swimmer attend school:								
Medical conditions and/or medication taken regularly:								

<b>Swimmer #2 - Last Name:</b> _____			<b>First Name:</b> _____			<b>Middle Initial:</b> _____		
Date of birth:			Age:			Gender: Male Female		
Swim Location(circle one): Colorado College			Coronado High School			Doherty High School		
Where does the swimmer attend school:								
Medical conditions and/or medication taken regularly:								

<b>Swimmer #3 - Last Name:</b> _____			<b>First Name:</b> _____			<b>Middle Initial:</b> _____		
Date of birth:			Age:			Gender: Male Female		
Swim Location(circle one): Colorado College			Coronado High School			Doherty High School		
Where does the swimmer attend school:								
Medical conditions and/or medication taken regularly:								

### PARENTS'/GUARDIANS' INFORMATION

Father/Guardian's Name:		
Mother's/Guardian's Name:		
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:
E-Mail:		
How did you learn about Colorado Springs Swim Team:		

### CSST MEDICAL & LIABILITY RELEASE

I, \_\_\_\_\_, the parent/guardian of the participating swimmer agree and understand that swimming could be a **HAZARDOUS** activity. I recognize that there are risks inherent in the sport of swimming.

The undersigned hereby agrees to participate with Colorado Springs Swim Team (CSST) and to release and hold harmless CSST, its coaches, officers, directors, agents, and employees against any liability from injury that may occur to the swimmer while participating with CSST. The undersigned agrees to indemnify CSST for any damages incurred arising from any claims, demand, action, or cause of action by the swimmer.

The undersigned authorizes any representative of CSST to have the swimmer treated in any medical emergency during their participation with CSST. Further, the swimmer and/or parent/guardian agree to pay all costs associated with medical care and transportation for the swimmer. I have noted on the application any medical or health problems of which the staff should be aware. ***I HAVE READ CAREFULLY THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

### FOR OFFICE USE ONLY

Date of Application:		Team Database Input:		Office Database Input:	
Dues Payment:	Check Number:	USA Swimming Payment:		Check Number:	