

# HURRICANE SWIM CLUB

P.O. Box 50 \* Bangor, ME 04402

[www.hurricaneswimclub.com](http://www.hurricaneswimclub.com)

## REGISTRATION FORM – SWIMMERS

Swimmer's Name: \_\_\_\_\_  
Last Legal First Middle Preferred

Address: \_\_\_\_\_  
Street City/Town/State Zip

Date of Birth: \_\_\_\_\_ Swimmer's E-Mail: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Swimmer's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Has the swimmer competed for another USA-S team? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Date and Name of last competition with previous team: \_\_\_\_\_

### PARENT INFORMATION

Mother's Name:	Father's Name:
E-Mail:	E-Mail:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

### EMERGENCY INFORMATION

Person to contact during an emergency (if parent is unavailable): \_\_\_\_\_

Relationship to swimmer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician/Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Hospital for the above-swimmer to be transported to if the coaching staff deems it necessary:  
\_\_\_\_\_

### STATEMENT OF RELEASE AND CONSENT

I, the parent/guardian of the swimmer named above, agree both to allow him/her to participate in any meets or practices sponsored by Hurricane Swim Club (HSC) and that he/she will abide by the rules of the club and of United States Swimming (USA-S). Recognizing the potential for physical injury associated with swimming, I hereby release, discharge, and/or otherwise indemnify HSC and USA-S from any claim by or on behalf of the athlete as a result of his/her participation in club practices and/or USA-S sanctioned swim meets. In addition, I give consent for emergency medical care prescribed by a duly licensed doctor or dentist which may be necessary to preserve the life, limb, or well-being of my dependent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE FOR PHOTOGRAPHS

Please authorize that your child(s) photograph can be posted on our website and in promotional publications. If names are used, only the first name will be published. I give permission for my child's photo(s) and first name only (if any) can be posted to the HSC's website and in promotional publications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MONTHLY STATEMENTS

How would you like to receive your monthly statement by either  e-mail or  mail?