

Northview Terrace Swim Club Swim Team Registration

If you have more than one swimmer, please fill out separate forms for each child.

Swimmer's N	ame			Age	M/F	
Parent to Contact			P	Phone		
Street Addre	ess		City	<i></i>	Zip	
Email Address:				Member Num	nber:	
	Cost	(Circle Choice): \$7	0 – 1 swimmer \$100 – 2 swimme	ers + \$25 per swin	nmer	
AllCity you mus	t swim in at least 2 r	meets and must pay sw	e start of practice. To swim in meets yo vim team registration fee. At the coach rtive of this decision as we are extrem	n(es) discretion, your s		
See below for i	instructions on how	to identify your swir	mmer.			
Circle one:	Beginner	Intermediate	Advanced			
 Is able 	fortable in the water of swim one length of th troke, breaststroke, but	e pool unassisted, withou	t grabbing lane line or holding onto the sid	le of the pool ● Knows a	t least one stroke (freestyle,	
 Needs 	all four strokes (freest some stroke improven basic diving skills and		oke, butterfly)			
NeedsIs comIs fam	only "fine-tuning"	•				
Please read this and legal liabil participating in physical injury t severity, that m may have (or a forever dischar.	s carefully and be a ity and waiving and any and all activitie to participants in this y minor child/ward ccrue to the Northvie ge the Northview Te	releasing all claims for es connected with and s program, and I volun may sustain as a result ew Terrace Swim Club, rrace Swim Club from	cand participating in Northview Terral or injuries, damages, or loss which your associated with this program. I recogn tarily agree to assume the full risk of confiscion of said participation. I further agree including volunteers, coaches, member any and all claims for injuries, damagemented with, or in any way associated	minor child/ward mig ize and acknowledge any and all injuries, do to waive and relinqui rs, and board membe es or loss that my mine	ght sustain as a result of that there are certain risks of amages, or loss, regardless of ish all claims my minor child/ward ers. I do hereby fully release and	
Please list or ex	plain any medical o	r allergy information:				
In case of eme	rgency please notif	y:				
Printed Name	:		Relationship:	Phone:	:	
Printed Name	:		Relationship:	Phone:	:	
Parent/Guar	dian Consent: _			Date	·	